

# GUY'S

HOSPITAL

GAZETTE



## February 1994

- Threatened Closure of Guy's Hospital
- Who Owns Guy's Hospital
- The facts about the Secretary of State's proposal

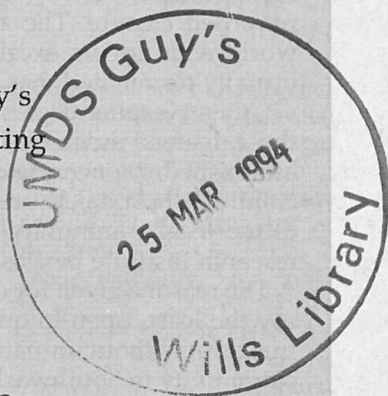




THOMAS GUY DISCUSSING THE PLANS FOR HIS HOSPITAL WITH DR MEAD, THE PHYSICIAN, AND  
MR STEAR, THE ARCHITECT WHO DESIGNED THE EAST WING  
Painting by C. W. Cope, R.A., 1877

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## Guy's Gazette

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The opinions expressed are those of the authors and do not necessarily represent the views of the Hospital.

Volume 108 Number 2436 February 1994  
ISSN 0017-5870

Guy's Gazette, Boland House, Guy's Hospital, London SE1 9RT.  
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Printed by Hobbs the Printers of Southampton

## Passim

The 10th of February 1994 marked a very sad event in the long and distinguished history of Guy's Hospital—the announcement of its proposed closure. The abrupt nature in which a hospital, renowned world-wide for its excellence in both care and research has been so brutally terminated, has left many stunned.

Guy's Hospital began its life as an institution devoted to caring for those deemed incurable by other hospitals. It is the home of many well-established, pioneering research units—the breast clinic, the Evelina children's hospital, the renal unit, to name but a few. That such a lifeline of the local community could be severed, as well as such a reputed research institute be closed, is barely conceivable.

The reasons given for closing Guy's as an acute medical centre are, to say the least, open to question. How research facilities will be able to function without in-patients and the level of care left for the local community in Southwark, are but two of the many issues raised by the Secretary of State's announcement. One cannot but doubt the practicality of her proposal as well as questioning the soundness of her judgement.

The proposal to close Guy's as a hospital will have far-reaching adverse effects, not only here in London in terms of patient care but throughout England and world-wide in terms of research and medical excellence. Such a proposal cannot be in the best interests of health care.

### Save Guy's Hospital Campaign

Enquiries regarding "Save Guy's Campaign" should be addressed as follows:

The Manager, Guy's Gazette Office.

Campaign Office Telephone No: 071-357-9260

Fax: 071-357-9270

The office is open to visitors and welcomes all enquiries regarding the campaign to save Guy's Hospital. It is at present seeking funds for a reappraisal of the site option and possible judicial enquiry.

## ***Guy's Hospital 1726 - ?***

Dear Sir,

Two days ago I received my copy of the *Guy's Gazette* (December-January) and in it on page 7 under the heading 'Trust News' we learn that, in effect, Mr Tim Matthews and his co-conspirators, the representatives of the Flagship Trust Hospital of the 'reformed' NHS, have offered Guy's as a willing victim for extermination. Mrs Bottomley has this afternoon obliged.

Putting aside such considerations as to who is going to make a lot of money from this transaction and how much pressure was applied to ensure that MPs have ready access to an A & E Department if needed--Westminster and Bart's also being on the death list--there are other matters of paramount importance.

Not the least of these is the fact that neither Mrs Bottomley nor any other of her wretched colleagues OWNS Guy's. They hold it in trust--a sick pun if ever there was one--for posterity. They must be held responsible to all of us, from 1726 onwards and into the future who are proud to be called Guy's men and women, for connivance in the destruction of a part of our National Heritage. Apparently none of these individuals who have done this terrible thing have heard of the adage, 'He who sups with the devil...'. Well, now they have taught us all a lesson. Namely the results to be expected of grovelling pusillanimity. Mr Tim Matthews must be the odds-on favourite to win the 'Judas-sheep of the year' competition.

Your correspondent Sir Cyril A Clark tells us that he was once Sir John Conybeare's House Physician. Well, so was I

and a more odious character I have yet to meet. However, if he were alive today, he would see to it that Guy's did not get comprehensively 'stuffed' by a bunch of bureaucrats. It is a great pity that there are none of his 'bottle' about today. That, at least I will give him!

Yours faithfully,

**B A TUDGAY**

Broomden

Ticehurst

Wadhurst

TN5 7BJ

## ***We deserve better***

Dear Sir,

'Trust Welcomes Virginia Bottomley's Decision' was the message from Mr Matthews that greeted Guy's staff on 11 February 1994. I wonder how many of the staff at Guy's agrees with that announcement. I should like to point out to Mr Matthews that this does not mean the same as the Trust welcomes that a decision has been made, which he was trying to persuade us at a poorly organised meeting at lunchtime.

Furthermore, I feel insulted that Mr Matthews should feel it adequate to arrange a meeting at Guy's, scheduled to last less than an hour, read the pre-released statements and leave only 10 minutes for questions. There are a lot of upset staff at Guy's and we deserve better from those who are supposedly representing us.

Yours faithfully,

**JULIAN MA**

Department of Immunology  
Guy's Hospital



## ***The bonfires of insanity***

Dear Sir,

Consider this senario. An institution that, for over two hundred years, has tended to the medical needs of its surrounding community, while at the same time has been the cutting edge of clinical science and research, is to be closed. In a civilised society, this would be an unthinkable act. However it must be remembered that we no longer live in a civilised society by instead in one presided over by a smug and self-centred, floundering Tory government

The proposal to close Guy's Hospital is nonsensical, even by the standards of an administration that has staked its future on returning the country to good old 19th century values; such as inner city slums, the abolition of welfare support and higher education only for those able to afford it. The facts that:

- Guy's is 15% larger than St Thomas's
- Treats more patients for less money
- Was recommended to be South East regional Thames centre for five out of the six specialities

are apparantly neither here nor there.

It is not an exaggeration to say that Guy's ranks among the most highly respected hospitals in the world, both as a research institute and centre for patient care. That is not to say that St Thomas's does not but the facts speak for themselves. In the period 1989-93 twice as many articles on both clinical science and basic medical research were published by workers at Guy's as opposed to St Thomas's. In addition over 400 children

each year were ventilated in intensive care beds at Guy's while just 11 were handled at St Thomas's. Furthermore the world famous Evelina Children's hospital and department of foetal medicine at Guy's have led the way to some of the most important advances in paediatric intensive care, cardiology, neurology and nephrology made in this country.

The Tomlinson report aimed to formulate a plan that would reduce the cost of health care in London. Just how the closure of Guy's will achieve this aim is uncertain. It has been suggested that the market value of Philip Harris house is £4.5 million. This represents a loss of £135.5 million of investment. Trying to achieve cheaper healthcare by closing Guy's ignores its status. This may sound arrogant but it must be recognised that since its foundation, Guy's has been an international centre of medical excellence and advances made at Guy's have benefited mankind world-wide--from Southwark to Sidney. Mrs Bottomley must realise this and not treat Guy's as simply Southwalk General Hospital.

To paraphrase Dr Martin Luther King, 'the worst epitaph that can befall a generation is not the bad things people do but rather that good people stood around and let them do it.' If Guy's Hospital closes its repercussions will not only be felt throughout south east England but world-wide and for many years to come. Such a proposal must be fought.

Yours faithfully,

P B J BURTON  
Boland House

## *The Royal College of Surgeons*

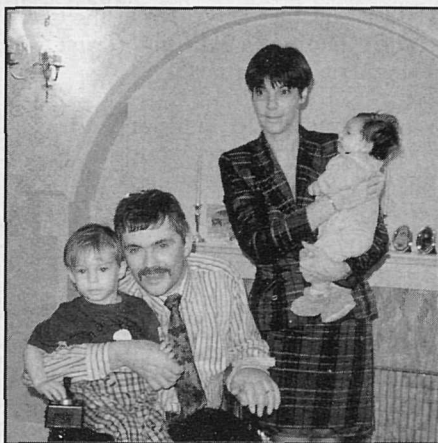
Dear Sir,

I thought your readers might be interested to see this photograph taken in October 1993. It shows two Guy's Men. The one on the right is Professor Sir Roy Calne FRS, Professor of Surgery at Cambridge and the one on the left is the writer of this letter. The occasion is the conferment of Honorary Fellow of the Royal College of Surgeons of Edinburgh which is the senior surgical College of the world, having been founded in 1505. As a former Editor of the Guy's Hospital Gazette, I thought it might be worthy of publication.

Yours Faithfully,

**PROFESSOR P S BOULTER**  
Royal College of Surgeons

Dr Duckworth's letter in which he described his latest achievements was published in the last Gazette. In response to requests from his many friends we have printed below a photograph of the Duckworth family.



## ***'Trust welcomes Virginia Bottomley's decision'***

The following statement from Tim Matthews, Chief Executive of the Guy's and St Thomas's Hospital Trust was released on 11 February 1994:

'On Thursday, 10 February, Virginia Bottomley, Secretary of State for Health, announced the future strategic direction for Guy's and St Thomas's Hospital Trust.

This is the full text of her statement as it affects the Trust:

By establishing Guy's and St Thomas's as a single Trust last April, the Government signalled its determination to bring to an end the duplication of services between the two sites. This is not just a necessary response to the gradual withdrawal of patients which the Trust faces. The Trust's clinicians at both Guy's and St Thomas's have argued strongly that patient care will be improved by concentrating clinical services on one site. This view is strongly endorsed by the main purchasers.

Strong arguments were put forward in favour of both sites. After careful consideration our judgement was that the St Thomas's site overall offers a better location and environment as a hospital and serves a bigger local population. The need to safeguard what is the largest and one of the busiest accident and emergency departments in London was also crucial to the decision. We therefore intend to ask the Trust to pursue proposals which will concentrate acute and specialist hospital services over time at the St

Thomas's site. As well as clinical teaching accommodation, a strong research presence, in conjunction with acute clinical services, would be retained on the St Thomas' site.

Under these proposals, the Guy's site would offer a wide range of modern hospital and health services focused on the needs of the local community. As we have undertaken elsewhere, an accident and emergency department would remain at the site until alternative facilities are developed and working satisfactorily, particularly at King's College and Lewisham.

We also intend to build on the considerable academic and research strengths at Guy's. We strongly support moves to integrate the United Medical and Dental schools with King's College. Bringing these elements together builds up to an attractive vision for the future at the Guy's site. State of the art local health services would exist alongside a major new centre of teaching and research. This proposal offers the opportunity for Guy's to evolve along new and imaginative lines. It would become a high quality health and academic campus, serving local patient needs, training tomorrow's doctors, dentists and nurses and exploring the boundaries of medicine.

I have asked Sir Tim Chessels, Chairman of the London Implementation Group, to take forward this work. He will bring together the key parties, including the main purchaser, the Trust Board, UMDS, King's College London and the special trustees of both hospitals.

It is also proposed to develop both the Guy's and St Thomas's Trust and King's College Hospital as special cardiac centre for South East London and Kent. For neurosciences, a strong new centre would

be developed based around King's, buildings on the links with the Institute of Psychiatry at the Maudsley. In order to strengthen both these proposed new specialist centres, cardiac and neurosciences would be transferred from the Brook Hospital which is in very poor condition. Statutory consultation will now go ahead on these proposals.'

### ***Guy's and St Thomas's Hospital Trust's response***

'Guy's and St Thomas's Hospital Trust Board welcomes the Secretary of State's announcement as a clear and workable solution for the future of the Trust. The Trust is committed to these changes for improving the quality and cost-effectiveness of patient care in South London. This is important both for the care of people who live and work locally, who account for over 70% of the Trust's work, as well for the Trust's specialist services.

The Trust particularly welcomes the commitment to securing improvements in health care, and in teaching and research. The service and academic changes will require investment in new facilities and radical improvement in the ways in which patient services are delivered.

Guy's and St Thomas's Hospital Trust provides a full range of hospital based medical services for local people. As well as an important range of specialist care for patients from further afield, the Trust will continue to provide services for all these people.

The Trust is disappointed that a major neurosciences centre will not be located in the Trust. However, it accepts the decision and will work positively to implement the strategy.

Many thousands of people rely on Guy's and St Thomas's for their health care needs. This strategy will allow the Trust to work in partnership with GPs, our local communities and purchasers to provide the very best health care for patients. The Trust will also work in partnership with King's College and UMDS to create a thriving University Hospital. The Trust faces a period of immense change--the prize will be better care for patients and a world-class centre for teaching and research.

I have circulated a copy of the text of Virginia Bottomley's statement, together with more background information, to all members of the Trust Executive and have asked them to ensure that all staff are aware of this information before the weekend. I will let you have more details as soon as they are available.'

**Tim Matthews**  
Chief Executive.



## ***The response of UMDS***

UMDS response to the Secretary of State for Health's statement on 'Improvements to London's Health Service'

The following statement was released by Professor Chantler, Principal of UMDS on 10 February 1994.

'The Government has now announced its decision concerning the disposition of hospital services in south-east London. The intention is to concentrate in-patient hospital services on the St Thomas's site but out-patient clinics will continue on both sites and there will be a primary care and dental hospital at the Guy's site. They wish to encourage the development of health facilities on the Guy's site which are particularly designed to assist and be integrated with primary and community services.

UMDS approves the decision to maintain these services at Guy's as this will be vital for both teaching and research. The firmly stated intention to reprovide adequate clinical science facilities on the St Thomas's site to enable the transfer of research units from Guy's is important.

The Government supports the merger of UMDS and King's College and the eventual relocation of the whole of King's College to the Guy's site. The reprovision of clinical science facilities and the transfer of King's College to Guy's will have cost implication compared to the University plan which was to site Life and Basic Sciences together on the St Thomas's site. King's and UMDS have together demon-

strated their capacity to fund the previous plan out of their own resources, whereas successful completion of the present plan will require extra money. UMDS wishes to emphasise that if the union with King's is not achieved or adequate funding is not made available, the effect on medical education and research at UMDS will be extremely serious. The Department of Health recognises that detailed costs need to be identified and funding arrangements resolved. The Secretary of State has asked Sir Timothy Chessells, Chairman of the London Implementation Group to convene a working party to address this.

The integration with the multifaculty King's College is a matter of the highest priority for UMDS, but it will take some years to bring the full plan to fruition. In the meantime UMDS is confident that, with goodwill and energy from all concerned and with the help of the Government, we can maintain the quality and quantity of teaching and research. We believe that the opportunity now exists to integrate Basic Sciences to Clinical Science and to relate medical and dental education to nursing education and the education of other health care professionals in a way which has not been previously possible. While we do not underestimate the difficulties of achieving this outcome, nonetheless, there is every reason to believe that the final result will be worth the effort involved.'

**Professor C Chantler**  
Principal of UMDS

## ***Unresolved issues***

On Friday 11 February a UMDS school meeting was held. Professor Chantler outlined the above changes to UMDS, pointing out that the timescale for these changes was still not known but was not immediate. At the meeting a number of uses for the Guy's site were mentioned, including:

- The provision of a wide range of out-patient services in Philip Harris house
- The merger of UMDS and King's is planned to 'fully occupy Guy's'
- The development of further medical and dental education facilities. A teaching centre may be developed at the present site of the York clinic.

Funding for the eventual relocation of King's College to the Guy's site has not yet been obtained. It is not certain whether the extra cost (ie compared to the University's plans to site Life and Basic Medical Sciences on the St Thomas's site) will be met by the Department of Health or the Department of Education. The Department of Health, 'recognises that detailed costs need to be identified and funding arrangements resolved.' Professor Chantler pointed out that so far, 'there has been no lack of good will' but, 'no guarantees of funding have been given.' Concern has been expressed that if the union with King's is not achieved or adequate funding not made available the effect on UMDS will be 'extremely serious'. Some of the issues raised at this meeting and some of the concerns of the staff and students at UMDS are discussed in Orna McGinn's article (see p104 this issue) and in Professor Hughes' article 'The threatened closure of Guy's' (see p 98 this issue).

In summary the announcement made by Virginia Bottomley on 10 February has not relieved the anxieties of many about the future of UMDS and Guy's. There are many unresolved issues, including:

- The timescale of the outlined changes
- The presence or absence of in-patient service provision on the Guy's site
- The provision of adequate funding for the relocation of King's College to the Guy's site
- The use of Philip Harris house and possible withdrawal of funding by some charities
- The possibility of change in the decision to locate the Neuroscience Unit for South East Thames region at King's instead of Guy's
- The effect of these changes on students and research in this transition period

**Robert Self**  
News Editor

# Threatened Closure of Guy's Hospital

*A scandalous waste of resources..?*

**I**ncredible to readers of the *Gazette* as it may seem the Secretary of State's recent announcement threatens the future of Guy's Hospital as we have known and loved it. With the rationalisation of health services within London along the lines of a capitation formula which moved resources away from the centre, the closure of hospital beds was inevitable. When Guy's and St Thomas's joined together within a single Trust we looked forward to a calm appraisal of the relative merits of the two hospitals in the choice of the

disposition of future services. In the event the Trust Board put forward a solution by which Guy's would become a specialist tertiary referral centre without an Accident and Emergency department, and St Thomas's would have become an acute general hospital with the Accident and Emergency department. This solution was universally decried by consultants on both campuses as clinical nonsense and we were therefore

*'The Minister of Health...overruled the strong arguments that the Neuroscience Unit for South East Thames should be incorporated within the Guy's and St Thomas's Hospitals Trust'*

not dismayed when the Government rejected this solution. It was at this stage that it became clear that things were going, or had already gone, badly wrong.

The Minister of Health asked the Trust to provide a series of solutions based on St Thomas's Hospital as the main hospital site, and overruled the strong arguments that the Neuroscience Unit for South East Thames should be incorporated within the Guy's and St Thomas's Hospitals Trust and proposed instead to locate the Neuroscience Unit at King's College Hospital. Belatedly towards the end of the period of consideration, and behind closed doors, the Minister for Health asked for a consideration of Guy's as the main hospital

site to be put forward as well. None of the options which were put forward have been available to public scrutiny and we are therefore unable to know what arguments were put forward on behalf of each campus and how the arguments balanced on each side. From the Guy's point of view it is unfortunate, to put it mildly, and some would say outrageous, that the officers of the Trust putting forward the evidence for the two sites were largely recruited from the previous St Thomas's Hospital staff, creating an inevitable conflict of interest. Each of us can think of sound reasons why Guy's should be the main hospital campus. Equally, a St Thomas's man would bring forward reasons why St Thomas's appears better. What we expected of our Trust and the Government was a reasoned option appraisal of the merits of the two sites.

*'none of the options which  
were put forward were  
available to public scrutiny'*

The Secretary of State gave three reasons for choosing the St Thomas's site

- It offers a better location and environment for a hospital
- That it has a larger local population
- It contains a larger Accident and Emergency Department.

The first of these reasons is easy to understand from the point of view of a politician looking across the river from the Houses of Parliament, but less easy for a patient travelling from the South East Thames Region who would enjoy access by rail, underground (including the Jubilee line), and bus to the doorstep of the new Philip Harris building. The arguments about the Accident and Emergency Department are complex but there is no great difference in size between the two departments. The argument about catchment population is also complex and we suspect that if 15 or 20 minute isochrones were chosen, Guy's and not St Thomas's would have the larger catchment area.

The case for Guy's as the main hospital campus includes the following telling points:

### Size

Guy's is much larger. The total floor space at Guy's is 230,000 square metres and at St Thomas's 170,00 square metres. This 60,000 square metres greater capacity on the Guy's site is larger than the Philip Harris House (49,000), the Guy's Tower (59,000) or the North Wing at St Thomas's (51,000). A single site at St Thomas's would need an extensive new building to accommodate the combined hospital.



## **Accessibility**

Guy's is much more accessible. Guy's is adjacent to London Bridge Station with main line and suburban British Rail services. There is direct access to Philip Harris House. The Northern Line underground and the Jubilee Line Extension also come to London Bridge where there is a large bus terminus serving 20 bus routes. It is one stop from Waterloo Station, so that it may be quicker and more convenient to get to Guy's from Waterloo than to walk to St Thomas's, which takes at least ten minutes.

## **Quality of building**

Guy's buildings are better. Philip Harris House, the Guy's Tower and New Guy's House form an integrated complex of high quality buildings. Philip Harris House is the most advanced NHS hospital accommodation in the country. It is due to open this year at a total cost of £140m.

## **Preserving high quality units**

There are a number of world class departments at Guy's. These include Renal Medicine (Adult and Paediatric), Paediatric Cardiology, Immunology, the Breast Unit, the Paediatric Research Unit and the Dental Hospital. These departments have taken years to develop. Their movement and compression could cause lasting damage.

## **Cost**

Guy's is cheaper. Detailed costs for the various site options have not been made public. However, there is little doubt, that a single site Guy's solution would incur lower capital costs than the equivalent at St Thomas's.

## **Accident and emergency service**

The A and E Departments of Guy's and St Thomas's are exactly the same size in square metres and handled the same number of patients before the closure of the Westminster Hospital. If the A and E services at St Thomas's were to close, the Chelsea and Westminster Hospital, which is very underutilised, and St George's Hospital would both be able to cope better with the additional workload than the Lewisham and King's College Hospitals, which would have to accept a greater emergency workload if the Guy's Casualty Department closed. If the planned move of the Greenwich Casualty Department to Woolwich takes place this will further increase the pressure on Lewisham and King's College Hospital. The Regional General Managers in the London area have concluded that the closure of the A and E Department

at St Thomas's is preferable to that at Guy's because of the effect on the dispersal of patients to other units.

### **Paediatrics**

Guy's is the only major paediatric hospital in London with the advantage of being on the same site as the corresponding adult specialties. In addition to Paediatric Nephrology, Dialysis and Transport (four consultants); Paediatric Neonatal and Prenatal Cardiology (three consultants); Paediatric Neurology (five consultants); the department is supported by the Paediatric Research Unit, the Regional Genetics Centre, the National Purine Metabolism Laboratory, the Supraregional Laboratory for Genetic Enzyme Defects, the New-comen Centre for development paediatrics and Ronald McDonald House--the first in the country for the families of sick children. Funding is immediately available for the development of a Gait Laboratory at Guy's. This Paediatric Hospital must not be fragmented.

### **Tertiary referral services**

Six specialty services were each the subject of an independent review in 1993. Despite specific instructions that their conclusions were not to be site specific with regard to Guy's and St Thomas's Hospitals, the Neurosciences Review Group specifically stated that the South East Neurosciences tertiary referral centre should be at Guy's, co-located with paediatric neurology. This view has been endorsed by the Neuroscience Liaison Committee and Government Neurosurgery Adviser (Prof Symon, a St Thomas's man). The cardiac, renal and cancer review groups all favoured the Guy's site rather than St Thomas's.

### **Pan-London role**

We understand that all four Thames Regions have recommended that Guy's should be the single site because of the effect on other London districts and hospitals that would result from the merger of the Guy's and St Thomas's Trust services to a single site. All the local purchasers, except Wandsworth, favour Guy's as a single site.

### **The Dental Hospital and School**

The Dental Hospital and School are the largest and best in Europe. Integration with the rest of the hospital is important for teaching, research and treatment in such fields as oncology, ENT surgery, heart disease, immunology, AIDS, and the special needs of children and the elderly. Dental work of this kind should not be separated from the acute hospital.

## UMDS, King's College and London University

All favour a single hospital site at Guy's, with the university facilities principally at the St Thomas's site.

### Campaign planned

Readers of this *Gazette* would not expect the Guy's staff to accept the Government's decision without question, nor will they. Simon Hughes, our Member of Parliament, has already brought the potential waste of public funds in building Philip Harris House, the cost of £140 million to the attention of the Public Accounts Committee which has agreed to scrutinise what would appear likely to become a scandalous waste of resources. A campaign is being planned to

*'a jewel within the National  
Health Service and a  
precious part of the United  
Medical and Dental Schools'*

prevent the closure of a hospital which we regard as a jewel within the National Health Service and a precious part of what has now become the United Medical and Dental Schools. We are seeking a judicial review of the legality of the Secretary of State's proposals. This is a time when Guy's men and women need to stand together to preserve an institution which has served the country well since Thomas Guy put pen to paper in 1721 and which we all want to see serving the sick and needy in the local and national community into the twentieth century and beyond. More information about our campaign to save Guy's Hospital will be available shortly. In the meantime any help you can give will be deeply appreciated. The first thing you should do is to complain to your Member of Parliament, particularly if you live in a Tory marginal constituency.

**Richard Hughes**  
Honorary Consultant Neurologist  
Guy's Hospital



# Guy's Hospital

## *Memorabilia*



|                   |        |
|-------------------|--------|
| Shields           | £21.00 |
| Peweter Goblets   | £16.00 |
| 1 Pint Tankards   | £21.00 |
| 1/2 Pint Tankards | £15.00 |
| 6oz Hip Flasks    | £16.00 |
| 4oz Hip Flasks    | £10.00 |

Please enclose £1.00 p&p per item

Available from  
The Manager  
Guy's Hospital Gazette  
Boland House  
St Thomas' St  
London  
SE1 9RT

I enclose a cheque for £.....

Name.....

Address.....

.....

.....



# *Review of the School Meeting*

*As understood by a student*

A meeting for UMDS staff and students was called by Professor Cyril Chantler on 11 February 1994, to report on Virginia Bottomley's new proposals for Guy's and St Thomas's hospitals.

The meeting took place in an atmosphere of gloom and uncertainty, most of the staff and students present appearing to accept, albeit unwilling the changes which most now realise to be inevitable. Professor Chantler himself, whilst recognising and sympathising with these feelings, spoke optimistically of the future, recognising the need to, 'get on with the job now in hand'.

That job consists of implementing the new proposals which include:

- Transfer of acute services to St Thomas's.
- Linkage of GP services to an emergency centre to be established in Philip Harris house.
- Basic Medical Science and Life Science from King's and physiology and pharmacology units from St Thomas's to relocate on the Guy's site.
- Clinical research laboratories to be established in Philip Harris house.
- Clinical science laboratories to be relocated in St Thomas's.

## **Main concern---students and research**

Professor Chantler stressed throughout that his main concern was for present and future students and those involved in research. In both respects he felt the changes could be of benefit. His vision of the future included the founding at Guy's of a centre for the teaching of clinical skills, incorporating experience in out-patient clinics and in the community. Peripheral attachments are also to play a greater role, with a corresponding upgrading of pastoral care and facilities for students who currently feel rather neglected when at outlying hospitals.

## **Merging with King's--a chance to broaden horizons**

With the amalgamation of King's College on the Guy's site, Professor Chantler also spoke of his hopes that currently one-track students would have

their horizons broadened by mixing with multi-faculty students. However the King's move does not yet appear to be finalised, partly because of the well-publicised preference of King's for the St Thomas's site and also because it is not yet clear where the funding for such a move (some £18 million) would come from. Professor Chantler admitted if King's College does not relocate here, Guy's would be left in the weak position of only fielding some out-patient clinics and basic medical science departments--which would make the hospital unsustainable.

### **Research--and Philip Harris house**

On the research side there was great concern about the money involved in the now infamous Philip Harris house (some £140 million) not least because of the threat of withdrawal of funds from donors. Guy's Hospital Special Trustees, the largest donor of money, have not yet reached a decision. The Imperial Cancer Research Fund will not be withdrawing money raised for the provision of laboratories to be used for their research so long as these laboratories are established whether at Guy's or St Thomas's

In short Professor Chantler made it clear that, while he had accepted the proposals, the only provision he actively welcomed was the money towards the establishment of a clinical science service and the amalgamation with King's--as long as it was funded, although the University's preferred plan was to provide Basic Medical Sciences and Life Sciences at St Thomas's rather than Guy's.

### **House jobs--and how many to go**

Among the students the main concern was for campus-based house jobs. Assurance was given that, although there were bound to be fewer available in the future, simply because there would be fewer beds, only four house jobs were at risk at present.

### **'Quality could be maintained'**

Finally, Professor Chantler drew the meeting to a close by telling those present that if he himself did not seriously believe that the quality of care and research could be maintained with the implementation of the new proposals he would say so.

**Orna McGinn**

# *The Ownership of Guy's*

*From Thomas Guy to the present-day Trust*

Guy's Hospital as readers hardly need reminding, was founded in 1721 at the 'sole cost and charges of Thomas Guy'(1), the first patient being admitted to 'Mr Guy's Hospital' on 6 January 1726. One of the questions being asked at the present moment, given the announcement on 10 February 1994 is, 'Who exactly owns Guy's now?'

The records of St Thomas's Hospital show a formal arrangement of a lease of 999 years of 'several parcels of land' from the fellow Governors of St Thomas's Hospital to Thomas Guy for the foundation of a hospital devoted to those who had been deemed incurable. Thomas Guy, as part of his duties as a governor of St Thomas's had presided at the ceremony of 'passing out' both of those who had recovered and those deemed incurable. The plight of the 'incurables', had impressed Guy so much that he had given £100 per annum to form a fund to assist them. 'From this arose his thought that he could do most good by devoting a hospital to help these unfortunates'.(1)

To continue from Lord Brock's excellent 250th Anniversary speech, 'Guy at first intended placing his foundation entirely under the Governors of St Thomas's but he altered his mind on the advice of friends (especially Dr Richard Mead) to make it entirely independent.' Under the conditions of the will of Thomas Guy, Guy's Hospital was managed by a Board of Governors consisting of a President, Treasurer and twenty-one members of the court of committees.

In 1948 the NHS act took the properties of all voluntary hospitals, of which Guy's was one, into the NHS. The Board of Governors continued to manage Guy's, as an autonomous teaching hospital answerable directly to the Department of Health.

A further act passed in 1963 meant that the regional health authority acquired possession, on behalf of the Secretary of State for Health, of all land housing 'hospital' buildings. The Special Trustees, an independent charity, was formed at the same time and took over ownership of parcels of land around Guy's and also the Hospital's Endowment Funds. The Endowment Fund consisted of charitable donations, originally started by Thomas Guy, but subsequently extended by all and sundry. It was managed by the Board of Governors. Legal advice in 1963 said it was possible to challenge the transfer

of charitable funds to NHS control and so the Special Trustees was set up as heir and successor in title to the Board of Governors.

The Special Trustees, Medical School and regional health authority mutually agreed upon boundaries and each took up ownership of their demarked land. The Special Trustees own Elizabeth Newcomen House, Wolfson House, the Greenwood Theatre and the New City Court site, the Medical School owns the buildings it uses and the Guy's and St Thomas's Hospital Trust owns the site of Guy's Hospital.

A similar arrangement does not exist at St Thomas's. A large proportion of St Thomas's Hospital land is still owned by the Special Trustees of St Thomas's Hospital.

(1) Guy's Hospital 250th Anniversary. The Lord Brock. p16-31 Guy's Hospital 250 Years. Guy's Hospital Gazette 1976.



Thomas Guy--founder of Guy's Hospital



## On reflection...

*A look into the annals of time--the Gazette in days gone by*

**B**eing new to the staff at *Guy's Gazette*, I thought it might be interesting, or at the least amusing to look at what was making the news in years gone by and how the *Gazette* had reported it.

I decided to have a look at copies of the *Gazette* 50 years ago, and here's a selection of what I found...

Firstly, here's a PASSIM from 50 years ago which I feel is really quite relevant at the moment.

*'We must leave the final summing-up of the past year to the historian, the Gibbon of the future. Let him decide to whom honours are due. He must reveal the perplexities and mysteries to us, for we are too close to the battle-front, blinded by the smoke and fumes to place the right values on each event and action.'*

Worth reading again, I feel.

### Minor surgery

The next extract is a transcript of a lecture delivered at Guy's Hospital Medical School on 9 December 1943, the subject being minor surgery.

**'Antiseptics'**--You will want to know something about antiseptics. Remember, first, that it is probably impossible to sterilize the skin, much less a raw surface, but antiseptics can help in reducing the bacterial flow.

**'Circumcision'**--There are various methods used for circumcision, but having seen it carried out by a rabbi, I have decided that the simplest method is the one he uses. Perhaps you do not know how it is done. The rabbi uses an instrument rather like that which the soldier uses to clean his buttons. This he puts over the front of the glans after stretching out the excessive amount of prepuce which is cut off. He is then presented with two layers of divided prepuce. The hole in the centre being a good deal smaller than the glans itself, he uses his thumbnails to stretch that opening and push the skin back. He puts a dressing round the wound and leaves it at that.

**The Toe Nail'**--The problem of the toe nail causes a good deal of worry. You have all seen cases of hypertrophy of the toe nail called onychogryposis. In these it is satisfactory to remove the toe nail by avulsion, but it will grow again, and it will always be deformed. The patient's discomfort can be shortened by an operation for complete removal of the nail bed.

**Injection of Varicose Veins**--Today ethamolin is probably the best of all solutions to use. It is wise to ligate the veins at the upper end when the valves are incompetent. Ligation must include all the tributaries.'

Not quite the same as bio-membranes and sympathomimetics.

### Perceptive poetry

The following is a piece, again from February 1944, which is really very good--in fact the present Editor heard it and was left wondering why people do not still submit pieces such as this anymore.

**'The Seven Stages Of Doctors'** attributed to 'Will'.

'All the world's a stage,  
And all the doctors in it merely players;  
They pass exams, and have obituaries,  
And each one in his time plays many parts,  
His life having seven stages. First biologist,  
Swooning and puking at the sight of blood;  
Then the anatomist, with his scalpel,  
And fifth-hand Cunningham, watching the clock,  
And dozing on his stool. Then comes the ward clerk,  
Filled with new zeal, and with well-writ reports,  
Made to his Registrar's eyebrow. Senior student,  
Full of long names and theories obsolete,  
Jealous in honour, sudden and quick in ward rounds,  
Seeking the bubble of reputation,  
Even from his Surgeon's mouth. And then the HS  
Shocked by his lack of knowledge, good at bluff,  
With eyes severe and most sagacious tone,  
All M and B and modern therapy,  
And so he plays his part. The sixth age shifts,  
Into immaculate best West End cut,  
With thinning hair and sumptuous limousine,  
Speaking of all the men he used to meet,  
When last out in the States. Last scene of all:  
Is slicing golf balls at the Wilderness,  
Cutting a quaint old figure on the course.'

Anthony Parsons

# Pakistan Perspective

*Dr T Gibson's experiences in Pakistan*

**I**n 1992 Dr Gibson worked as a visiting professor in medicine at the Aga Khan University Hospital in Karachi, Pakistan. He was mostly engaged in acute medicine and teaching, but he also conducted a health survey in affluent and poor districts of the city and a study of leprosy arthritis. He introduced a rheumatology service, one of very few in Pakistan. Despite the demands of the hospital, he explored as much of the country as he could. He has offered to write a series of essays about his experience, the first two of which appear in this issue. During his year abroad, Dr Gibson was partly supported by grants and the Arthritis and Rheumatism Council both of which he gratefully acknowledges.

## A New Year

As midnight approached there was a loud cracking in the streets. 'Ah--fireworks,' I said putting down my whisky and moving to the window.

'No, AK47s,' replied my host. My wife and I had joined Mohammad Naimatulla, a Karachi business man to celebrate the end of 1991. When we left our hotel earlier in the evening, the restaurant, like all other public places, was closing by order. We drove through police barricades and arrived late but our host was not perturbed. His mother, who remained concealed throughout our visit had prepared dishes of curried beef and chicken with dahl and naan. While waiting for 12 o'clock, we discussed the need for so much security. The more obvious explanation for the policemen's activity that night was that it was to prevent rowdiness, but Naimatulla preferred to believe that it was to discourage an un-Islamic celebration. I never did discover which.

*'As midnight approached there was a loud cracking in the streets. 'Ah--fireworks,' I said... moving to the window 'No, AK47s,' replied my host'*

### The political dimension

Our host was a laconic, sceptical man whose visiting card described him as a 'Exporter Importer'. His first successful business venture was selling carpets obtained from Afghan refugees. He believed that every event, even the weather, had a political dimension. He was a supporter of the Mohajir Quami Movement, a political party. In Karachi, commercial life and the professions are run mainly by Mohajirs--foreigners--those displaced at the partition of India, resettled in Karachi and now resented by the indigenous people of Sind Province. The natural party of Sind is Benazir Bhutto's Pakistan People's Party. This was sometimes allied to the MQM and sometimes not. Ethnic background, political affiliation and family connections are often indivisible and can be useful or a hinderance. The major national politicians, and co-incidentally or not most of the army, are Punjabis. When the army occupied Karachi six months later and imprisoned the leading members of the MQM, it was seen as an occupying force by many citizens.

*'When students attached to different political factions had fallen out at a medical school in the city, gun battles had ensued'*

### Bumpkins, bribery and bandits

The sophisticated folk of Karachi refer to rural Sind as 'The Interior', another country, peopled by bumpkins and dacoits. Sindi countryside is indeed feudal. Regal landlords clothed in spotless white shalwa kameez, illiterate, rich and powerful are greeted by kinsmen who kiss their hems in deference. It was in the Interior that armed robbery first became commonplace before spreading to the city. Even after the army arrived, it was not possible for me as a European to drive into rural Sind without a police guard. Kalashnikovs intended for Mujahadeen were in the possession of every bandit and political henchman. When students attached to different political factions had fallen out at a medical school in

*'the police were part of the problem'*

the city, gun battles had ensured. A wall was built between the college and hospital to prevent fighting on the wards. Armed guards lived in tents outside affluent homes and they accompanied children to school for fear of kidnap. The police, said Naimatulla, were part of the problem. It was after all from them that he bought his illicit alcohol. It was probably apocryphal that a doctor



friend had been stopped for a traffic infringement and asked for money by a policeman. After fierce bargaining the policeman settled for a backseat consultation about his skin rash. The dacoits, the police and the politicians were allegedly all part of a conspiracy, though not necessarily the same conspiracy, since one read and heard of so many in Karachi. Naimatulla was nevertheless convinced that much of the banditry was simply political fund raising.

## **A bearded Pathan from Peshawar**

A late arrival to our midnight assembly was Usman Rashid, a bearded Pathan from Peshawar in the Northwest Frontier Province. He knew Karachi well because he had been sent there for his schooling to avoid a blood feud which had resulted in the death of his closest uncle and several cousins. He himself did not subscribe entirely to Pukhtunwali, the Pathan code of honour--hospitality and revenge. He slept with a gun beneath his pillow and was intent on sending his own sons to a Karachi school. The feud which threatened him passed down the generations until honour was satisfied. He winced while sipping his whisky. He did not pray five times daily but unlike Naimatulla he visited the mosque and held close to Islam. The gunfire faded and was replaced by the hooting of car horns. There was much un-Islamic activity on the streets.

*'he slept with a gun  
under his pillow...the  
feud which threatened  
him passed down the  
generations'*

## **Politics, polemics and Western Perfidy**

Every Pakistani enjoys talking about politics and Usman's arrival turned our discussion towards his own corner of the country, now home for many Afghan refugees. Usman believed that the Americans wished to keep Afghanistan unstable for fear of an Islamic confederation of states.

*'the humiliation of centuries  
might be redressed by the  
development of an Islamic  
bomb'*

Was this another conspiracy theory? I had read that India, Israel and the USA were together plotting against Pakistan and Islam, a variation on the same theme. From such articles

I learned much about the Crusades, especially on Fridays when religious commentators were given free reign to engage in polemics. They ranged

through history to find examples of Western perfidy. These paranoid tracts sometimes lead chillingly to the conclusion that the humiliation of centuries might be redressed by the development of an Islamic Bomb. It is doubtful that many informed readers take seriously the Friday religio-political discourses. Furthermore, their impact must be limited by the fact that 70 % of the population cannot read. The newspapers in Pakistan offer a

*'newspapers in Pakistan offer a wide spectrum of opinion, apparently without censorship'*

wide spectrum of opinion, apparently without censorship. In the English language press, Britain receives detailed and sympathetic coverage. If the media are capable of moulding opinion, then television is more likely to be influential in Pakistan as elsewhere. The national programmes are controlled by the state but dish aerials are found in increasing numbers, even in remote villages. These allow reception of BBC World Service and the full range of Western trivia. While women playing tennis at Wimbledon and competing in the Barcelona Olympics were not screened by the state television, the legs and arms of female athletes were visible to all who had access to a satellite dish.

### **The power of television and cricket**

The power of television is manifest by the spread of cricket to the northern mountainous areas where until recently, polo was the only acknowledged sport worth playing. Cricket is a national passion, and in Karachi is played on

*'Cricket is a national passion...played on every side street and every vacant dusty plot'*

every side street and on every vacant, dusty plot. The boys often use makeshift wickets and bats but it is incongruous to see teams in full whites playing on desert patches outside desperately poor villages. The sense of hurt suffered by the country when its national side was accused of

cheating in England was a serious and damaging issue. The joy when Pakistan won the World Cup coloured newspaper commentaries for weeks. It was on that memorable day that I next heard the clatter of Kalashnikovs firing into the night sky. I had, by then, been in the country for several months and there was no confusing the sound with that of fireworks.

## Food, Festival and Holiday

### The wedding season

In the cooler autumn and winter months before Ramadan, Karachi like the rest of Pakistan is given over to weddings. Parks, gardens, hotels and purpose built wedding halls glitter with coloured lights. With each year weddings become more ostentatious. Thoughtful Pakistanis have begun to ask if such extravagance accords with Islam. Others simply worry about the debt that a wedding can incur. Guests arrive in their hundreds while the bride and groom sit on a dais wearing weary smiles. For them, the ordeal lasts days, the main feast being but one of several encounters with family and friends. Dowry remains a tradition, at least in Karachi, but wealth can be retained within a family by an arranged union of cousins. Romance, mutual attraction and the idealised marriage fostered by Western culture are far removed from these family transactions. Yet, less than one per cent of Pakistani marriages end in divorce. Obligation, duty and family honour ensure that partnerships endure. Similar compulsions make it difficult for a guest to refuse an invitation even if it means attending several weddings in a week. So they come, the ladies in their shimmering, silken saris and brilliant shalwa kameez, arms heavy with gold. Status is defined by opulence. They mix freely with the men, drifting between tables, haughty, sometimes smiling, often bored. A shalimar, a woven or canvas awning, is suspended over the dais, sometimes over the whole assembly. Indian instruments or a bagpipe band compete with the whine of mosquitos. While the insects feast,

*'obligation, duty and family honour ensure that partnerships endure'*

*'there are no speeches and little ceremony--just a feast'*

Up. As bedtime approaches, a secret signal prompts removal of the dish lids and with single-minded relish, there is a surge toward the food tables. It is all so ruinous of the palate. Pakistanis are devout meat-eaters, a rebuff to their Brahmin cousins in the other country. Plates empty, they all leave with what to a Western eye appears undue haste. There are no speeches and little ceremony--just a feast.

### Amusement in Karachi

Karachi offers its citizens little cultural amusement. There is a funfair and I never once left my house without seeing something to make me smile. Cinemas offer violent trash or Bombay romance. There is a theatre tradition but it is pursued in secret because of the uncertainties of what it is permissible. I was not sure if the constraints are religious or political. The country has moved further from secular statehood with each decade. The unused racetrack, the unfinished casino and the mahogany bars of the clubs suggest an expectation that the freedoms enjoyed by the generation after partition may be one day restored. There is television and the ubiquitous video but mostly there is eating.

### Ramadan

Ramadan is a trying month, especially for non-believers. In the daylight it is discourteous and even unsafe to eat or smoke in public. There is a coercive element to observance. Offices close early and people seem distracted. Driving becomes more hazardous if such a thing is possible. Iftah is the time for breaking fast, traditionally by eating a date. At night, dinners and parties compensate for the days' privations. Paradoxically, Ramadan is the month when Karachiites become fatter.

*'Ramadan is a trying month for non-believers. In daylight it is discourteous and even unsafe to eat or smoke in public'*

The end of Ramadan is celebrated at Eid-ul-Fitr. I was in Peshawar during the festival. It was early April and still cool in the month. Deciduous trees on the golf course made the scene almost English but the jingling of harness on the horse-drawn traffic and the calls of the muezzin dispelled the illusion. It is customary at Eid to visit relatives and offer hospitality to a stream of visitors. A trolley of sweet and savory pastries and cakes is proffered. Cards are

*'paradoxically, Ramadan is the month when most Karachiites become fatter'*

exchanged, some with snow scenes and the conviviality is reminiscent of Christmas. My host, Usman Rashid, noted that children in the market were wearing new cloths, a sign that Eid had been announced. His family was still fasting. The timing of Eid depends on the sighting of the new moon and



although some communities defer to Saudi Arabia, most rely on the local mullah. About half of the province celebrated the next day but in Islamabad it was two days later. We drove to Mardan along the Grand Trunk Road, contesting the highway with oncoming vehicles as is the Pakistan way. Fat fish caught in the Kabul River were being fried at the roadside. The family consulted and declared the end of Ramadan.

The Muslim calender advances by approximately 10 days every year and so is not linked to the seasons. Ramadan in the north can thus be in the bitter winter or the exhausting heat. The other religious festivals are also fixed to the calender and in the first month or Moharram, the violent death of Hussein, the Prophets grandson is marked, especially by Shia Muslims who parade and literally whip themselves into a frenzy. In Pakistan the majority is orthodox Sunni but in some districts Shias predominate. In the north there substantial numbers of Ismaelis who follow the Aga Khan. Relations between the sects are usually harmonious. In Karachi, large crowds of non-Shia watch the flagellants as they surge together in what appears to be real grief.

*'large crowds of non-shia  
watch the flagellants as  
they surge together in  
real grief'*

## Eid-ul-Ajha

Eid-ul-Ajha falls in the last month and celebrates Abraham's sacrificial offer. In the week before the festival, Karachi is converted into a farmyard. Goats, cattle and camels are herded from the countryside and tethered anywhere

*'dark, bearded men in flat  
Sindi hats congregate and  
sleep amongst the animals,  
sharpening knives and  
awaiting employment'*

there is a vestige of fodder, on traffic islands and wherever trees provide a supply of leaves. Bales of hay are transported around the city and every family buys one animal according to means. Garlands are placed on the beasts and children briefly enjoy them as pets. Quiet residential areas are disturbed by bellowing

and bleating. Dark, bearded men in flat Sindi hats congregate and sleep amongst the animals, sharpening knives awaiting employment.

At dawn on the first day of the festival, the animal noises are replaced by the steady clunking of chopping as the animals are dismembered after sacrifice. Blood streams down the slopes or stagnates in pools. Outside household gates animal heads and offal await disposal. The parish kites sweep low and

compete for entrails with pye dogs. Enterprising men set up mincing machines on street corners. The smell of blood and drug is unavoidable. Meat is shared with the poor and although I was not quite deserving, I was given a large leg and more beef by a neighbour. At the time, my family was in England

*'parish kites sweep low and compete for entrails with pye dogs...the smell of drug and blood is unavoidable'*

and so after regaining my appetite I cooked several curries and entertained successive groups of colleagues to goulash. When the electricity failed again I gave the remainder to the cat and dog which had taken residence in my house.

Apart from the religious festivals there are innumerable national holidays such as Independence Day, Defence of Pakistan Day and Pakistan Day. The people have also been recently blessed by a government which was fond of calling ad hoc days off work at an evening's notice. I am not sure if there is any precedence in the affairs of mankind's governance but the Prime Minister ordered a general strike to protest the destruction of the Barbi Mosque in India and on another occasion declared a national holiday on the day that the opposition under Benazir Bhutto called for a national strike. I hope the idea catches on elsewhere.

Dr T Gibson

# Professor Peter Williams

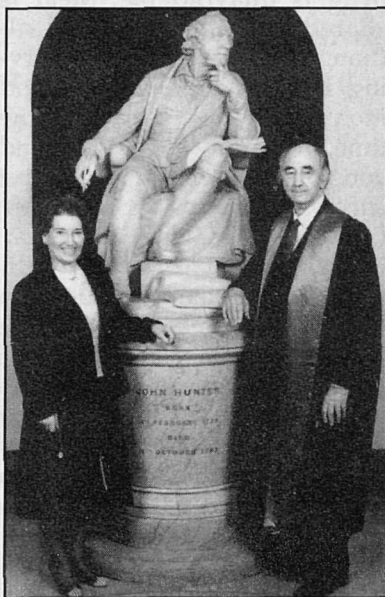
*Dsc(Lond) MA MB BChir(Cantab) FRCS(Eng)*

*Ceremony of Presentation of Diplomates 19 January 1994*

*The Royal College of Surgeons of England*

This year the College celebrated the Bicentenary of John Hunter's death and we were reminded of his stress on the relationship between structure and function. Although Hunter's museum is often called his unwritten book, one wonders quite how he would have presented Anatomy in book form. Another sixty five years elapsed before Henry Gray and his colleague, Dr Vandyke Carter, produced the first edition of 'Anatomy: Descriptive and Surgical' its aim being 'to furnish the student and practitioner with an accurate view of Anatomy of the Human Body...especially...Practical Surgery'. The book was a spectacular success and after Henry Gray's death in 1861, the third and subsequent editions bore the prefix 'Gray's' by which it is still frequently known throughout the world. Thus today we honour by Election to a Fellowship another name that has been inseparably linked with 'Gray'.

Peter Williams was born in Wales in 1926 with a medical connection through his mother who was a district nurse and midwife. From an early stage he was instilled with the words Medicine, Anatomy, Cambridge, Guy's; therefore it is not surprising that in 1944 he found himself at St Catherine's College Cambridge reading medicine where he came under the tutorage of D V Davis. The love affair with 'Gray' started when the then Dr Davis mentioned the book in a tutorial. After a postcard home to his parents, a 28th Edition was purchased from the daughter of the local butcher who had used it in her training as a PE instructor. The young



Professor and Mrs P L Williams

Peter Williams read his new acquisition avidly and soon became known along with Dr Davis as the 'only persons to know every word in Gray'. It is not surprising that many distinctions in Anatomy came his way--1st Class Honours in Anatomy, St Catherine's College Scholar in Anatomy and Marmaduke Shield Cambridge University Scholarship in Anatomy among many.

It was inevitable that the next part of his predestination came to pass in 1947 when he became a clinical student at Guy's where he remained, apart for the necessary sojourn in the RAMC, until his retirement. His excellent academic record continued with the award of the Treasurer's Gold Medal and house appointments at Guy's Hospital. Returning to the Anatomy Department at Guy's in 1954, he began a distinguished career as a teacher of and researcher in Anatomy. Many generations of medical students bear testimony to his enthusiastic, extremely knowledgeable lectures, received with acclaim. He was one of the first to use overhead transparencies in teaching in the late 1950s with multiple overlays to build up complicated diagrams. His research on the neuron including the myelin sheath was acknowledged by the award of a DSc and a Professorship in Anatomy by the University of London in 1970.

However without a doubt, it is through Peter William's association with Gray's Anatomy that he is most respected. His first official appointment was in 1954 when Professor T B Johnson made him indexer for the Centenary (32nd) Edition published in 1958. By this time the now Professor D V Davis was at St Thomas's and he became Editor of the 33rd and 34th Editions. He obviously retained the services of his old student making him 'Expert Advisor' for the 34th Edition, but suggestions by Peter Williams for the modernisation of Gray were gently resisted. The unfortunate and premature death of D V Davis in 1968 led to the appointment of Roger Warwick and Peter Williams as Joint Editors of the 35th Edition and this was coupled with new publishers and printers. This was the opportunity for massive and radical changes to bring 'Gray' into the 20th Century presenting Anatomy as a dynamic and functional discipline. During the next three editions, the text was increased 50 % and over 600 new illustrative figures were added many replacing dated engravings. Thus the 'new Gray' was born representing Anatomy as a leading natural science backed up where possible with numerate and experimental data adequately referenced. After four decades of involvement with 'Gray', Peter Williams, now Chairman of an Editorial Board, is masterminding an even more comprehensive presentation of Anatomy involving a host of specialist contributors culminating in the 38th Edition. It will continue to be the ultimate reference book in Anatomy without which surgery and surgeons would be the poorer. For this we honour Peter Williams.

**Professor David Riches**



*Save It!*

*Casualty In Krisis*

**Support the SICK Campaign**

**MASS CAMPAIGN MEETING**

GUY'S HOSPITAL-NURSES DINING ROOM (Canteen)  
TUESDAY MARCH 8TH, 1994 6.30PM

BOERMUND PUBLIC MEETING CHANGED TO 1ST MARCH 1994-7.30PM

SPEAKERS TO BE ANNOUNCED

**FOR MORE INFORMATION CONTACT**

**SOUTHWARK COMMUNITY HEALTH COUNCIL ON**  
071 703 9498

**Guy's Casualty Must NOT Close**

The SICK Campaign is supported by: Southwark Community Health Council  
Bermondsey Care For The Elderly, Bermondsey Pensioners' Action Group  
Boermund Community Centre, Mayflower Tenants' Association, Southwark  
Pensioners' Action Group, Southwark Pensioners' Forum, Tooley Street  
Tenants' Association

## **Internal Medicine**

**Internal Medicine The Essential facts. Nicolas Talley. Distributed by Blackwell Scientific Publications.**

This small and very pocketable book was published in Australia in 1990. It is dense with facts, mostly well laid out for quick reference.

As the author states in the preface, it is most useful for doctors sitting higher examinations in medicine, though senior clinical students may find it helpful. Much basic knowledge is assumed.

The author is now working in the United States and inevitably a US slant shows through. In my own specialist area (Thoracic Medicine) this is particularly evident in the section on tuberculosis.

These are some diagrams, which are helpful, but not enough. A diagram would be particularly helpful to accompany the discussion of acid-base balance. The inclusion of FEV1 50 % as a sign of severe asthma is particularly unfortunate as peak flow rate measurement (which is not mentioned) is more likely to be available and practical in the emergency situation. Parts are somewhat dated--the use of *Campylobacter* rather than *Helicobacter pylori*. It is to be hoped that a new edition is in preparation, as this type of book particularly needs to be up to date.

These problems do not mar too much what is otherwise a good pocket revision and reference book for physicians and physicians in training.

Clinical students will be better served by a UK orientated pocket reference which includes basic as well as more ad-

vanced information, such as the Oxford Handbook of Clinical Medicine.

**MJB Farebrother**  
Consultant Physician, Medway Hospital  
Senior Lecturer in Medicine, UMDS

## **Orthopaedics**

**A Simple guide to orthopaedics. R L Huckstep. Churchill Livingstone.**

This pocket-sized book provides a clear, concise well-illustrated guide to orthopaedics. It is divided into two sections; section one gives a full account of the history-taking, examination, investigations and treatment of orthopaedic patient, while section two describes the most commonly encountered orthopaedic conditions.

Medical students should find this book a godsend. It fits handily into white coat pockets, enabling it to be taken into clinics and referred to on the spot. It contains all the basic information needed, well set out, with good use of lists at the beginning of chapters and summaries at the end and the line drawings are beautifully executed. For a 'simple guide' some chapters are surprisingly detailed, for example, arthritis is covered almost as well as in many larger textbooks. The only criticism I would put forward is that line drawings cannot be as useful as photographs and X-rays. However, these can hardly be expected in such a reasonably-priced pocket guide. A Simple Guide to Orthopaedics, therefore, can be wholly recommended to both students and junior doctors, and will almost certainly be of use also to nurses and physiotherapists working with orthopaedic patients.

**Orna McGinn**  
Boland House

## **Dr Marcus Feyi-Waboso**

Dr Marcus Feyi-Waboso, gynaecologist and king of Azumini, Nigeria, died on 8 September 1993, aged 67.

There follows an extract from an obituary that appeared in *The Times* on 18 October 1993 and is reproduced by courtesy of Times Newspapers Ltd.

In addition to his ceremonial duties as the traditional ruler of Azumini in eastern Nigeria, Marcus Feyi-Waboso pursued a brilliant professional career as a gynaecologist during which he was instrumental in advancing the standard of care in obstetrics and gynaecology as well as in education, social and religious affairs.

Feyi-Waboso was the son of the late Chief Feyi Wabara Waboso, one of the wealthiest merchants of his day and a member of an aristocratic family from Azumini. Following secondary education in Calabar, he came to medical school at Guy's.

In 1949, while waiting for his place as a medical student, he trained in dentistry and when he qualified as a doctor in 1957, he was the first Nigerian to be doubly qualified. During his time at Guy's he met his wife, Margaret Spence Taylor. They were married in 1954 and were subsequently divorced after the birth of six children. He later married Christiana by whom he had a further three children.

After resident house appointments in the UK he returned to Nigeria to the obstetrics and gynaecology department of University Hospital, Ibadan, in the western region. Having decided on a career in the subject, he undertook specialist training at the Hammersmith Hospital and at St Mary's Hospital, Manchester. In 1963 he obtained membership of the Royal

College of Obstetricians & Gynaecologists (MRCOG), being one of the first dozen Nigerians to do so. Returning to Nigeria, he entered the service of the eastern region as consultant in obstetrics and gynaecology in Calabar, transferring to Aba in 1966.

Feyi-Waboso was always conscious of the need for all training to be relevant to the conditions in Nigeria and while in government service he became a teacher of mid-wifery and a national examiner. After the civil war in Nigeria he left government service and founded his own practice in the Women's Hospital in Aba. He expanded his teaching activities and often appeared on television as an expert on women's health issues. He contributed to international conferences and journals and wrote a textbook on the practice of obstetrics and gynaecology in the tropics which was published in 1992. He was guest lecturer and examiner in medical schools in Nigeria and he was awarded fellowships in surgery and obstetrics and gynaecology.

In parallel with his professional success he was much concerned with developing his homeland. In 1977 he was crowned Eze (King) of Azumini and ruled, through a council of chiefs, until his death. He served on government committees and was a member of the council of traditional rulers to which government turned for advice. He supported local projects including developments in the church and the schools.

Feyi-Waboso is survived by his widow and his nine children. Happily his legacy will be carried on by Paul, his eldest son, who is also a member of the Royal College of Obstetricians and Gynaecologists.

*The Times*

18th October 1993

## ***I should have been wary***

In a short piece in these pages last September I was proudly extolling my record: 'No days off sick for over ten years'. Fortunately I added the rider: 'Pride comes before a fall.' Hardly had the ink dried on these words and I took a tumble. I must have assumed that all nurses had wings, when I tried to jump from a height too far. Obviously it is only the female variety who are entitled to be called angels. I came a cropper, injuring my leg and hand--the consequence being I found my arm in plaster of Paris for over six weeks. I don't believe in prescience, rationalist that I am, and I managed to carry on working.

Nevertheless this little incident gave me the opportunity to see things from the other side. Patients don't get much of a look in on the pages of medical journals, let alone *Guy's Gazette*. Certainly a lot could go in it and perhaps unemployed nurses and doctors could sell it as the 'Large Issue' at the steps leading to Guy's? The nearest I have read is Jeffery Bernard's column in *The Spectator*, which someone once called a suicide note in serial form.

So I became a patient in our excellent casualty department. I've often pondered, why 'casualty'--they're far from casual. Or did one become a casualty through been too casual? I made use of this occasion for a little observation--ethnographic research the more serious-minded call it. The kindly triage nurse saw that I wasn't a serious case, and smiled sweetly as she put a sling on for me, whence I was sent back to the blue seats to await further attention. I com-

mented that I wasn't called upon these days to tie slings and apologised for not anticipating and moving my arm with celerity. I wasn't entirely reassured by her rejoinder that as she had been on leave, she only just remembered how to put a sling on. I assumed she was joking.

While waiting I watched several new casualties arrive. One girl came with her chum, tears flowing, hand bandaged. I could hear the kindly nurse asking questions about the nature of the broken glass. Then she was beside me to wait her turn for more thorough examination, but now she was smiling. What a good job that nurse was doing, reassuring and calming the minds of these injured bodies.

Soon I had an X-ray--fracture confirmed and plaster applied. I overheard myself referred to as 'the scaphoid', and asked the nurse allotted the task of plastering me how long she had worked in casualty, 'Since July,' came the prompt reply. I tottered this up--four months now--maybe she had learnt a thing or two, or had experience in a casualty department elsewhere. For she wore a badge unrecognizable to me--not Guy's!

I thought the plaster was to be there for four weeks. I was a little disappointed to be told by a doctor after nearly two weeks, 'Come back in five weeks and have it off.'

'And the plaster, as well?' I enquired.

In the intervening weeks I carried on as best as I could--no time off work, much to the consternation and trepidation of some staff and patients respectively!

At last I could really empathize with patients--all the awkwardness of coping. Nurses need to think about this more. I was forced to. What a lucky chance this happened to me. I wouldn't have missed it for anything. Mind you, David, in the



college did better. He got an obese colleague to fall on his leg and break it. He must have empathy unbounded by now. The usual questions came, 'How did you do it?' This evoked the usual responses, depending on the tendencies of the interrogator,

'Oh, you should see the other, chap', or 'Over-indulgence at DIY' (which was true) and occasionally adding, 'I was amazed, I was expected to go blind.'

I crossed the days off on the calendar for the date to arrive when the plaster would have been removed. Again I sat, joyfully, amongst the blue seats. I chatted a little old lady with her hand bandaged, worried lest they wanted to admit her. 'I've got two kittens at home to look after,' she averred. That's me averring, but aver she did, about her cats. I suggested she ask a neighbour. No chance, 'She won't. She's at college all day--but aren't they there at nights or weekends. You'd think she could fit it in', she added. I suggested a cattery. 'What's that?'

'Oh,' I said. 'Something like a nunnery, only for cats.'

'Where's that?' she queried. She had me stumped. Our cat died, and I'm a bit out of touch on the subject now.

At this point, fortunately, the nurses called me in, only leaving me to wonder if our conversation had dried up on this topic, as it rapidly looked like doing, whether I would have the courage to pose a question about her saddle-nose, 'By the way, are you a congenital....?'

Soon the great moment arrived. Sister set the saw and took off my plaster. I'm afraid to say, Sister, who was caring, had a student in her wake and was a trifle supercilious. (My wife assures me that I can only recognize this quality, in others!) Showing off the great mound of plaster,

encasing my wrist and forearm, she said, 'You can see this was a casualty job, not done here in the plaster-room by an expert--he need not have had his thumb immovably enclosed.'

But once my arm and hand appeared again--what a shock. I felt it was as if a mummy had been removed from its embalmed state. Not my arm and hand--so little movement immediately--oh, put the plaster back on please! Hopefully, a little help from the physio will bring it back to normal appearance and usage soon.

But the dates crossed off the calendar all became reminiscent of those childish days, awaiting Christmas and finding Santa Clause didn't read my letter correctly. Was this a case of ontological dichotomy, which Jill had been talking to us of so recently but maybe incorrectly--for this surely refers to something more metaphysical? When confronted with a reality such as this, surely the term cognitive dissonance is more appropriate? I hope I recall these phrases rightly, or am I writing gibberish? Happily, when in tears the day after, looking at this only half-alive hand (why not cry, I know real men don't, but I never subscribed to this nonsense--and anyway I'm a male nurse) my friend John phoned. Now he does have something to complain about, he suffers from Meniere's disease, which lost him his job as a musician--but he shares my rationalism. He agreed that my disappointing plight was not as bad as for those good folk who have accepted Pascal's wager and eschewed pleasure in this life in the hope of something better in the hereafter. Fortunately it was my left hand, and I am dexterous. All in all, what good treatment A and E gave me. Shame they're proposing closure.

**Denis Cobell**

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## Rugby 1st XV

### *Celebration match report*

**Guy's Hospital 1st XV v Old Rugbeians  
The Close Rugby School. Celebration  
match. 28 November 1993. Won 23-20**

The second of the special events of the Rugby Club 150th season was staged at Rugby School on the 28 November 1993. In 1943 a special match to mark 100 years of Guy's Rugby was played at Rugby School and which Guy's won narrowly (see Guy's Gazette 1943). On this occasion Mr Day Ray, in charge of sport had organised the home team and the hospital's arrangements. Several coaches of supporters had left Guy's at 10.30 am but unfortunately managed to leave Past President Dr Terry Gibson behind. The cameras of BBC Rugby Special were there to record the event as Guy's ran out in the hooped shirts based on the 1870's. In fact they had to run out twice for the benefit of the cameras and in front of a big crowd made up of several hundred Guy's supporters (bagpipes and all), a contingent from Guy's South Wales Society who had come up by coach and a large number of 6th formers from Rugby School indulging in their song of 'rugby, lovely rugby'. The Rugbeians put out a very strong side and on a bitterly cold day started off as if they had been playing together as a team for some time. There was some very quick play and some ominously good looking running in the centre led to the wing tearing along the touch line but the kick ahead was just put over the line by the Guy's full back. Early pressure from the old Rugbeians looked as if it would be held but a poor clearance kick was gathered by the Rugbeians

winger who ran over it to the corner for an unconverted try. However Guy's at last managed to get into the Rugbeians half and an offence at the middle of the field was converted by Lewis to make the score 3-5. The Old Rugbeians side was clearly full of talented players and Guy's knew they had a match on their hands. However they came more into the match during the end of the first half and spent much of the time in the Rugbeians half. In spite of this the Rugbeians side took the ball downfield and scored another try in the corner driven over by the Rugbeians forwards. The Rugbeians backs were very tricky, fast and talented and another try in the centre which was converted left the half-time score at 9-20. Four tries (unconverted) to three penalties reflected the pace of the Rugbeians side but perhaps did not reflect the match which was a little more even than that.

The score remained at that until the last 20 minutes when the persistent team work and pressure of the Guy's side began to tell on a tiring Rugbeian side. Guy's worked their way onto the Rugbeian's line but what should have been a scoring pass was intercepted by the Rugbeians winger who ran the whole length of the pitch pursued by Graham Bevan. To the delight of most of the crowd he caught up his winger and tackled him just short of the line to prevent a certain score. The ball was picked up and cleared by Schaeffer to get applause. Injuries to Wayne Llewellyn and a recurrence of thigh strain for Ed Barrio meant that they were replaced by Ross Llewellyn and Pat Davis respectively and Roy Cunnington came on for Pete Davis in the back row. Guy's then began the movement of the match in their own 25 with the ball passing rapidly through many pairs of hands

before transference to Bevan who ran around and scored under the posts (converted by Lewis) to take the score to 16-20 in a most exciting final few minutes. The game was played in the Rugbeian's half and mainly in their 22 and from a bout of interpassing Docker scampered over for what proved to be the winning try converted by Lewis to leave the final score 23-20.

This was a rousing and entertaining match which did justice to the occasion. The large crowd was a fiercely contested game which was nevertheless played in a good spirit. For the Guy's side Greg Ryan was again outstanding in the loose. The front row of Heiatt, Alan Mislen and Tso-lakides were rock solid and Docker at scrum half seems to get faster each year and in addition to scoring the second try, gave a masterful display of calm authority. His reading of the game remains powerful and all 3 wings used Bevan, Breeze and Schaeffer looked threatening in attack and solid in defense and Jones was his usual reliable self in the centre. For the Old Rugbeians XV Dewey at scrum half and leaver at fly half played like old friends and colleagues from the outset and linked well with the centres Wild and Woodmansey. Robinson at No 8 played an eye catching game linking with his flankers, Curley and Doherty. Doherty provided another link between Rugbeians and Guy's, being the grand-son of the great WD Doherty. Doherty provided another link between Rugbeians and Guy's, being the grand-son of the great W D Doherty who captained Guy's with such distinction, winning 12 Irish caps and later becoming Superintendent of Guy's. Rugbeians will perhaps rue the fact that they did not convert any of their four tries nor one penalty attempt but

from the Guy's point of view the result like that of 1943 was a highly satisfactory win. Guy's Hospital 1st XV J Birt, G Bevan, N Baker, A Jones, R Breeze. W Schaeffer, S Lewis, R Docker, A Heiatt, A Mislen, G Tsoiakides, E Barrio, B B Challacombe, G Ryan, R Llewellyn, R Cunningham, Pat Davis, Pete Davis.

At the tea and celebrations after the game the President presented Rugby School with 150th anniversary tie which was received on behalf of the School by Mr David Ray. The School entered into the organisation with great enthusiasm and with great efficiency. All in all it was an occasion which graced our 150th anniversary season.

SJC

## Match report

**Guy's Hospital 1st XV v O'Walcourtians. 20 November 1993. Lost 6-7.**

Freezing cold, snow threatening and the memories of last years encounter floating in the air. The supporters and subs were soaking up the port and brandy and 1st XV were soaking up the early pressure. A positive start with three solid scrums and some sound tackling as Walcountians were keen to run the ball. As the sky opened with sleet, the pitch ball got heavier and we were pinned back in our 22. Once more, solid forward play allowed our half-backs to clear.

This was however to be a day of missed opportunities for both sides. Successive penalties were missed, some easier than others, the elements playing a large part in this comedy of errors leaving Guys' the more fortunate bot to be behind early on. Overall the first-half was a bit of a non



event consisting of eight sliced penalty kicks and O'W's dominating the line out.

The 2nd half began with the score 0-0. Docker received a high ball and opted to run. He dribbled through the defence only to be tackled without the ball. The penalty kick from our half way, sailed into touch on their goal line (it was not an attempt at goal I hasten to add.) The first positive attack looked like fading as a scrummage was awarded to Walcountians for a crooked throw in. They won the scrum but a dreadful clearance kick failed to ease the pressure. Guys' forwards were quick to stifle their clean presentation, and with a combination of anger and frustration managed to win back possession. Having stolen the ball our backs were presented with the first chance to run. A solid Walcountians defence resulted in a ruck under their posts, from which their handy work provided us with the first 3 points.

For a while after, the game lapsed back to a mediocre state. By our own standards our rucking was extremely poor and seemed half hearted. It must be said, however, that neither side looked like penetrating but Guys' continued to tackle well.

It was not until late in the second half, following an excellent cover tackle by Breeze, that Walcountians began to threaten., winning another line out they spun the ball out quickly, a near miss move in the centre split our defence wide open. This momentary lapse of concentration sent their backs in for an unopposed converted try, leaving Guys' 7-3 down. The next line out saw some 'argy bargy' which presented us with a kickable penalty (on any other day), but the clouds remained open and the score remained 7-3. Then, followed a string of

mistakes, unforced errors, knock-ons, off the pitch and general panic. Nigel left the pitch with his head in a paper bag, and the sleet turned to snow. Then as Walcountians missed another penalty we broke our defence and a promising attack was scuppered when Docker was tripped on the half way line. Steve converted taking the score to 7-6.

A frenetic final 10 min saw guts running, and determination from Guys which simply came too late. Ironically the last 'chance' fell to Guys--a penalty kick which would have been difficult in firm, dry conditions. Sadly a game which neither side deserved to win, but alas the Gods shone on O'W's this year.

**Patrick Gush**

## *Match report*

**Guy's Hospital 1st XV v Southampton. Honor Oak Park. Courage league. 18 December 1993. Won 18-10.**

On a wet and drizzly day, Guy's played their last league game before Christmas, needing a win to restore their position in the league. Guy's monopolised the early position, but had a scare when a clearance kick was charged down and Southampton nearly scored. Once more the Guy's forwards faced a bigger pack but won good possession, particularly in the loose while the tight scrummages were fairly even. With Southampton backs playing very close to the offside line, the Guy's forwards made the sensible decision of utilising the rolling maul, ably led by Llewellyn and Beardmore. Any chances at kicks at goal were spurned, however, for the running game. Some twenty minutes passed before the first score. This was a penalty

converted by Lewis after the Guy's forwards had won a ball against the head and moved the Southampton pack back some ten metres before the Southampton pack collapsed the scrum. After Guy's had worked themselves into position in the Southampton 22, a blind side move involving Docker and Ross Llewellyn put Guy McClellan over near the corner. The try was converted with a ball that seemed reluctant to go over the posts by Lewis, with the ball just dropping over the cross-bar at the angle with the posts. The half-time score was 10-0 to Guy's.

Guy's started the second half with the wind, but perhaps the side was a little, complacent, and Southampton stormed up the field and were awarded a penalty to make the score 10-3. To the frustration of the Guy's supporters, three easy penalties were missed, and when Southampton broke up the left wing to nearly score, early expectations of an easy win were transformed into fear of defeat. However, Guy's got their act together, drove down the left hand side of the field and, after a scrum near the opposition line, a quick break by Docker drew the defence and put Bevan over in the corner. These fears were resurrected when Southampton again broke up the left wing and their centre was put under the posts for a converted try to make the score 15-10. A further penalty by Lewis when the Southampton prop was again caught off-side relieved the anxiety slightly for the Guy's spectators, making the score 18-10. The nearness of the score stimulated Southampton into some frantic attacks. However, they were kept at bay to leave the final score Guy's 18, Southampton 10.

The Guy's side would have been disappointed at not winning by a larger margin, and perhaps pressed too hard during

the game rather than playing their normal controlled rugby. However, it is a measure of the success of the team that the since can not, only win when not playing at its best, but be disappointed when they do not win by a bigger margin. Thus, halfway through the season, and breaking for Christmas, the team have played 17 matches and won 13 of them. Given that the fixture list is harder than for some years, this is a tremendous feat. One desperately hopes that the form can be maintained in the remainder of the league matches. Guy's currently stand third in the league, equal on points with the team lying second, and promotion is definitely possible if they win the remaining games.

Team: G Tsolkiades, A Mislen, J Birt, E Barrio, C Beardmore, W Llewellyn, R Llewellyn, G Ryan, R Docker, V Gradillas-Gonzales, G McClellan, A Jones, S Lewis, G Bevan, J Birt.

SJC

## Match report

**Guy's Hospital RFC v Winchester RFC.  
Courage league London 3 SW. January  
1994. Won 23-0.**

The Christmas break is always an interesting time for Guy's Hospital RFC. On one hand, the intensity of rugby nowadays means that a break from playing is essential and gives time for players to recover and to mentally readjust and prepare for the forthcoming Hospital Cup Campaign. Many of the first 15 have played over 20 competitive games already and this takes a physical and mental toll. On the other hand, there are few who can celebrate Christmas or any other event in the manner of most of the members of Guy's Hospital Rugby Club. Thus

it would be unwise to assume that the first 15 had spent the three weeks since the last game training hard and would be rearing to go and perhaps the expectation would be that the players would be a little sluggish, a pound or two heavier and take a moment or two to regain the competitive and abrasive edge which is needed for successful league rugby. Thus on a day when much of the country was under water, Guy's visited Winchester for an important Courage League games. Guy's currently stand third in the table with 110 points and Winchester bottom with two points. It might have been expected that in the perfect conditions on a sunny day at HOP and without the Christmas break that Guy's would have romped home. However, none of these conditions pertained, though the pitch was in remarkably good condition given the fact that many other games in the area were cancelled and the two teams put on a stirring and exciting contest. Two features of the Guy's play this season has been excellent mauling of the forwards and our propensity to give away an early try. Both these were once again evident and after five minutes play, Guy's found themselves 7-3 down. In spite of this, the impression was that Guy's were well in control and the rolling maul was used to such great effect that at one stage the pack moved the ball some 30 yards for a try converted by Neil Davis to put Guy's back into the lead. Then followed a period of considerable pressure by the Guy's side but this was not converted into points. After short penalty move, Ross Llewellyn crashed over under the posts for a converted try to leave the score a more comfortable 15 to 7. Docker was making many sniping breaks from the base of the scrum but neither wing seemed to be able to take

advantage of his sharpness. The pattern of play was for Guy's to make use of the obvious strength of their forwards. Many times the ball came back from the tight or a second phase to one of the forwards, usually the No.5, standing off to make ten or 15 yards and set up another ruck. The centres seemed to reluctant to indulge in a straight forward passing movement and usually brought the ball back to the forwards. This was in spite of the obvious speed of Breeze and Bevan on the two wings and spectators were left wondering whether the straight forward move in using their wings as a pivot ought to be tried occasionally. However, one of these movements bore fruit and Bevan went over for a try in the centre convert by Davis to leave at the half time score an apparently, comfortable 22 points to 7.

Instead of Guy's running away with the second half as expected the match turned into a very close and exciting contest with Winchester scoring two tries with considerable help from the referee. One spectacular dive over the line without the ball nevertheless brought Winchester points, presumably for style and led to a close and exciting finish. The truth was however, that with Guy's dominance of the ball, Winchester should have got nowhere near the Guy's score but certainly well enough to belie their position near the bottom of the table. Guy's now consolidate their position near the top of the London South West Three League and we retain hopes for promotion if all our remaining games are won.

Team: J Burt, R Breeze, A Jones, S Lewis, N Davis, G Bevan, R Docker, G Tso-lakides, A Mislen, J Burt, B Challacombe, E Barrio, W Llewellyn, R Llewellyn, G Ryan.

SJC

## ***Guy's Hospital Society Bournemouth and Wessex***

The thirty-eighth annual dinner of the Society was held on 5 November 1993 at the Durlston Court Hotel, Bournemouth. At the AGM the following elections were made:

Chairman Dr H M C O'Driscoll, Hon Treasurer Miss A M Sedgwick, Hon Secretary Mr E H Archard. A resolution was passed that Guy's nurses, physiotherapists and radiographers should be invited to become members of the Society. Those interested should contact the Hon Secretary Mr E H Archard, 1 Beechwood Avenue, Boscombe, Bournemouth, BH5 1LX. Telephone 0202 393077.

After the dinner the Chairman introduced the Guest of Honour, Professor F Ashley. He gave an interesting talk of the events of the last year, covering political and building aspects, illustrating his talk with slides.



From left to right: Guest of Honour, Professor Frank Ashley and Mrs Ashley, Mr & Mrs David MacDonald, Chairman and Mr & Mrs Eric Archard, Honorary Secretary

## ***Guy's Hospital Christian Union***

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## Annual Dinner

South Wales Guy's Hospital Society  
The forty-third annual dinner of the Society was held at the Park Hotel, Cardiff on 15 January 1994. The President Mr I Rocker installed Dr Gwyn Thomas as the President for the coming year.

Dr John Hellewell was the Guest of Honour and he was accompanied by his wife. The meal and speeches were good and a most enjoyable evening was had by all.



Mr I Rocker and Dr Gwyn Thomas

## The Guy's Fete



Vivien Lawrence as Queen Elizabeth I collecting for KPA

## Death

PEARCE Lady Florence Patricia (nee Forsythe) MBBS (Hons) 1956 formerly married to the late Alan Grice BDS, died on 20 November 1993 at the Royal Marsden Hospital, Sutton, after a brave fight against myeloma. General practitioner and associate specialist in dermatology. Dearly loved wife of Tin, loving mother to Diana and Julia and granny to Alex and Ben.

LEWIS Felicity Jeannette (nee Street), Guy's Dental student 1966-71 died peacefully at the Middlesex hospital on 4 February 1994.

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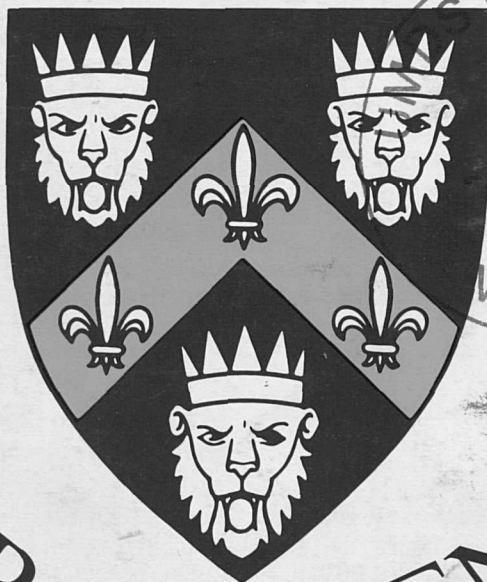
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## Guy's Gazette

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Volume 108 Number 2437 April 1994  
ISSN 0017-5870

Guy's Gazette, Boland House, Guy's Hospital, London SE1 9RT.  
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Printed by Hobbs the Printers of Southampton

## Passim

Two months on from the announcement (or rather denouncement of health care) by the Secretary of State for Health, Guy's is shaking off the stupor of shock and forging forward with the fight. It is not a fight about consultants scurrying to save their individual posts or even, as some may believe, a battle between Guy's and St Thomas's—it is simply a fight for what is right for patients and logical for health care and research in London.

The aim is to preserve clinical facilities on both sites, preserving renowned speciality units and maintaining levels of patient care. Compression and fragmentation of services, as per the decision, risks losing the reputation, quality of service and tradition of not one but two great hospitals. Squashing clinical facilities onto a site too small by far, is simply not feasible.

Whilst health care professionals fight to prevent folly the Trust Board appears rather oblivious to the discontent amongst its employees. Indeed it has, one hopes unwittingly, caused further provocation by insensitive statements such as 'Trust welcomes the decision' and the use of a single hospital the title 'Guy's and St Thomas's Hospital Trust'. Surely management should acknowledge not antagonise who it functions to serve.

The effect on clinical medical education if one half of UMDS is lost, hardly bears contemplation. Already firms are too large, patients with 'common' symptomology too few and peripherals run the risk of being woefully inadequate. Having just completed a psychiatry peripheral placement where attending out-patients entailed a 30 mile round-trip, ward reviews a 14 mile excursion and pastoral consisted of sharing a small room with only one desk, the loss of more campus facilities is alarming. No doubt minor 'blips' such as above will be ironed out in time and students can then benefit from the advantages in terms of patient numbers and accessibility that peripherals do offer. However, in the meantime condensing clinical facilities on campus does not appear to offer any immediate benefit to students.

## ***The future of the Flagship***

The following letter, from Dr G W Scott, Chairman of the Friends of Guy's Hospital, to Virginia Bottomley, expresses the feelings of those who know and work at Guy's as well as reminding her of the enthusiasm the Government, and she herself expressed, at addition of Philip Harris House to the 'Flagship' of the NHS.

The Rt Hon Virginia Bottomley  
Secretary of State for Health  
Richmond House  
79 Whitehall  
London  
SW1A 2NS  
21 March 1994

Dear Mrs Bottomley,

Thank-you for asking Ms Roberta Wallis to reply to me in my capacity as Chairman of the Friends of Guy's Hospital. I am afraid that her letter does not help allay the concern felt about Guy's. We are having frequent calls from our members saying that they do not think it right to renew their subscriptions and a donation of some £38 000 to Ronald McDonald House is in doubt.

For your information I am enclosing some copies of *Guy's Hospital Gazette* which express this concern.

Perhaps I could remind you that for some years Guy's has been promoted as the Flagship Hospital of the National Health Service, leading the way to efficient self-administration. It initiated Clinical Directorates whereby each Department took on the responsibility of

managing its own affairs thus leading to tighter control over its own finances. Such a scheme was based on that which occurred at the Johns Hopkins Hospital in Baltimore. The close association between these two great hospitals has existed since 1946 and represented what is best in hospital medicine in the Western World. Guy's was one of the first to be granted Trustee status jointly with Lewisham Hospital. St Thomas's Hospital was not considered to be deserving of Trust status at that time.

The imposition of the Guy's/St Thomas's Trust was bound to be an unhappy amalgamation if it was the intention to close one or other as a functioning hospital. The reasons for choosing Guy's as the main site are compelling and they are itemised by Professor Hughes in his article on page 54. Failure to use the new building of Philip Harris House for the purpose for which it was built, we feel, is an appalling decision. Perhaps I could remind you that you dug the first sod with some enthusiasm, the Prime Minister did the topping out procedure and Kenneth Clarke wrote, when the building started 'I am delighted to have the opportunity of launching this third phase of the re-development of Guy's Hospital. Today marks a milestone in the development of this great hospital and I am pleased to note the contributions made by many organisations to ensure the success of Philip Harris House...I look forward to returning in the near future to witness the development of this new building which will further enhance the high standard of care provided at Guy's Hospital.'

Although retired from the staff of Guy's I am very much aware of the present feelings at Guy's and a very serious situation has arisen. Virtually all who



work there, in whatever capacity are totally opposed to the proposed changes and, for the first time in the history of the hospital there is a lack of respect and trust of the Executive which has been appointed to run the hospital and unanimous opposition to the activities of its own Trust Board. It is perhaps suprising that skulduggery is suspected when virtually all the senior executive posts have been filled by the previous St Thomas's executives and compounded by the suggestion that political pressure has been brought to bear ensuring that St Thomas's continues to remain visibly active to Parliament and the Establishment. If it is considered essential for the Accident and Emergency to continue at St Thomas's with appropriate clinical backup, then this option should be taken but not at the expense of closing Guy's. Quite apart from the communities that depend on Guy's, it is a little difficult to explore the 'boundaries of medicine' without patients. To close what is probably the foremost teaching hospital in the country, with a quality of care, teaching and research evolved over many generations, would be a sacrilige and a betrayal of trust.

I respectfully ask you to reconsider your decision in the light of of which you may not have been aware.

Yours sincerely

**G W SCOTT**  
Chairman-Friends of Guy's Hospital

## ***Emotion into action***

Dear Sir,

To make the point that we retired chaps are not unaware of the tragic impact of the closure of our beloved hospital, I wish to put it on record that I have written to my MP, Mr Irvine Patrick (conservative), summarising the points made by Professor R Hughes on pp56 and 57 in the February issue of the *Gazette*. I have added a paragraph in which, inter alii, it is submitted that it is conceded that there has to be rationalisation of medical services, a short term expedient (in this case flawed) should not be carried out at the expense of wanton destruction of the jewels of our inheritance.

Yours faithfully,

**A W BANKS FRCS FROG**  
5 Slayleigh Avenue  
Sheffield  
S10 3RA

## ***SMEC—Contortion not corruption***

Dear Sir,

I would like to take this opportunity to repudiate completely a series of totally false allegations regarding SMEC which appeared recently in the March edition of *SE1* magazine (The Magazine for UMDS'—NOT!). The allegations appearing in 'Corruption Corner' would be laughable if it were not for the fact that they appear to be presented as true facts. SMEC relies very much on the goodwill and enthusiasm of the medical student body to do its work on their behalf. An article such as this comes as a great disappointment to the many medical students, including

myself, who put in a lot of time and effort into trying to assist students and to enhance medical education at UMDS.

As every allegation is false, it is only right that I answer each in turn:

- SMEC does not, and has never, had access to any student's sign-up grades or examination results.
- All data compiled from SMEC questionnaires has been and will remain completely anonymous.
- SMEC is accountable to the Medical Education Committee, and as such receives statistics on examination pass and failure rates. We are elected by medical students to ensure continuing standards and improvements in medical education at UMDS.
- Omar Rahim, ex-Chairman of SMEC was not under any pressure to resign when he stepped down. Having been elected as Chairman for two consecutive years, during which time Omar was totally dedicated to running the committee, he felt that it was time for a new person to take over and therefore did not stand for re-election this year. Omar was, therefore chairman for two years, having served previously under the chairmanship of David Maudgill, Charles Phillips and Edward Mack-

intosh each for one year. Omar has not therefore, as incorrectly stated, been running Smec for five years.

At no time did anybody from *SE1* approach myself, or Omar to comment on the article. The SMEC office at Guy's (071 955 4870) has an answer machine that is on all the time, so it is hard to understand why SMEC was not contacted before this article was written.

The magazine also made several highly insulting references to Omar on other pages which were pathetic and childish. All in all, March's issue of *SE1* was most disappointing and is probably best forgotten. I really do find it hard to believe that it was written by responsible, supposedly mature medical students.

If they would like to write a factual account of current SMEC activities, we would welcome an *SE1* editor to one of our monthly meetings (see above for our phone number). If this offer is not accepted we can only assume that either *SE1* is not really interested in the good work that Smec does or that they find it easier to print lies?

Yours faithfully,

**JAMES GALLAGHER**  
SMEC Chairman

## ***'Save Guy's Campaign' update***

The number of people signing the petition has been encouraging, with an estimated 125 000 signatures at the time of going to press. The aim is for a million signatures by 25 April 1994 and hopefully many more after that.

The office is currently busy dealing with enquiries and co-ordinating support. Its efficiency is however limited by the small amount available for office equipment and other essentials. It is hoped that the many Guy's societies dotted around the world as well as anyone concerned about the fate of Guy's Hospital will become active in its hour of need, collecting signatures, arranging fund-raising events and writing to MPs.

A heavy blow was dealt recently by the Special Trustees of Guy's Hospital who refused funds to undertake an independent and objective review of Trust Services, by management consultants.

## ***Trust News Update***

### **Pathology Moves to St Thomas's April/June 1994**

Pathology services are moving to St Thomas's in a programme of phased implementation, beginning in April. To support acute clinical activity at Guy's in the medium term, a multidisciplinary laboratory is being developed with medical staff support, and there will be further exploration of near patient testing. It is thought that with the upgrading of pathology services, duplication of services would be inefficient. Pathology also plans to relocate the National Poisons Unit, currently at New Cross, to the St Thomas's site as part of the concentration of acute services there. For more information contact Gareth Jones Group 6 COM, ext 1533 St Thomas's.

### **Ophthalmology Department Moves**

On April 1st, ophthalmology is to be merged by moving Guy's adult out-patient ophthalmology services to St Thomas's. Support to other specialties will not be affected and the paediatric ophthalmology service which has close connections with the paediatric directorate will remain at Guy's. Paediatric ophthalmology is also provided on the St Thomas's site. Emergency referrals at Guy's will be seen by the consultant paediatric ophthalmologist, Mr Calver, ext 4281. Out of hours services will remain the same on both sites. In April 1993, SELHA, the local purchaser, decided to only buy adult ophthalmology services from St Thomas's, a move which has led to the Trust's decision.

***All further departmental moves have been postponed pending the application for a judicial review of the Secretary of State's decision.***

## ***Bleeps at Guy's***

A new system for contacting staff via a bleep has been introduced at Guy's. To bleep another member of staff dial 737 followed by their bleep number and then your own extension. This is the same system as currently used at St Thomas's. If you are bleeped and instructed to ring 10, this indicates an external call and you will be connected directly to an outside line without having to call via the operator. The extension for bleep enquires is 3026. Callers from St Thomas's bleeping staff at Guy's must do so by calling the operator.

## ***Preventing osteoporosis***

In its 'Priorities for Osteoporosis Prevention' document the National Osteoporosis Society has challenged Health Service purchasers to stem the rising tide of fractures. Clear guidelines have been set in order to provide GPs and hospital doctors with the resources required for an effective osteoporosis service. The policy document has been developed by a working party of leading experts in osteoporosis (including Dr Ignac Fogelman of Guy's) as a result of awareness of the benefits of intervention. The document outlines the latest consensus on clinical practice and offers a coherent strategy for osteoporosis provision locally. This renders obsolete the view that osteoporosis is untreatable. For a free copy of the Policy document contact the National Osteoporosis Society, PO Box 10, Radstock, Bath BA3 3YB.

## ***New Paediatric ITU Saves Lives***

The Paediatric Intensive Care Unit (PICU) at Guy's has begun a special service for transporting sick children from other hospitals to Guy's, utilising a team of highly skilled medics and monitoring equipment. More than 40% of PICU patients in Guy's ITU are tertiary referrals from other hospitals and the majority have two or more organ failures and have been victims of road accidents or unsuccessful surgery. 'The PICU retrieval service improves the level of patient care by increasing the safety level,' says Dr Murdoch, consultant paediatric intensive care specialist, who runs the service.

## ***Brittle Bone Trials***

The discovery of a 'brittle bone' gene could lead to a test which will identify people who will suffer fractures in later life. They would be treated with vitamin D to strengthen their bones years before problems occur. Volunteers are being sought for two new compounds about to undergo trials. Women aged 70 and over are being asked to help test a drug which, it is hoped, will prevent hip fractures. The same drug will also be given to women aged 50 and over to find out whether it will prevent other kinds of fracture. 'This is exciting but preliminary data,' says Dr Ignac Fogelman, clinical director of Nuclear Medicine, 'However, it does offer potential for optimising an individual's bone mass using vitamin D.'



# *The EGM—Saving Guy's*

*Informing students of the facts*

**O**n 18th March 1994 The Save Guy's Campaign held a meeting for students of UMDS to discuss why the closure of Guy's would be detrimental to the health care of patients in the South East London region and student education. The objectives of the meeting were to explain why the Secretary of State's decision of 10th February must be reversed and what students can do to achieve this. The motions of the meeting:

- As students of UMDS we protest against the planned closure of clinical facilities at Guy's
- We will oppose moves to run down or close clinical facilities at either Guy's or St Thomas's Hospitals.

were both unanimously passed by the audience, who packed out the Harris lecture theatre—somewhat amazing for a last thing on a Friday!

The meeting was opened by the student President, Sammy Darwish, who introduced the speakers and emphasised how students could contribute to the campaign. Dr Ogg, renal physician and publicity officer spoke first followed by Professor Hughes, Honorary consultant neurologist at Guy's and Chairman of the Site Review committee. He discussed aspects such as the accessibility of Guy's, the size of the hospitals and also on how the movement of specialist departments would cause their work to suffer. Who better to explain the impact of compression and movement on such specialist units than the consultant of one himself.

Simon Hughes, the MP for the Guy's area, delivered a humorous talk on what students could do to help reverse the government's decision. He suggested becoming 'political animals', active in the fight, directing our arguments to the decision makers and informing everyone we knew of the facts that make this decision so harmful.

Dr Bihari, head of intensive care, who joined Guy's in 1989 spoke next on the ludicrousness of the situation, giving his frank and forthright opinion.

Professor Challacombe, of the Dental school spoke of how little consideration had been given to the Dental hospital and school.

Professor Challacombe and Dr Ogg then answered questions.

The main points that arose from the speeches against the closure of Guy's are outlined as follows:

- Guy's is a world famous hospital that has served patients for 270 years. It is a centre of excellence for medical and dental care and a leading educational and research unit.
- It is the largest hospital in the South East Thames region, having a total floor space of 230,000 square metres which is 30% greater than any other hospital in the area. It seems ludicrous to move such a large hospital onto a smaller site such as St Thomas's.
- Philip Harris House which was to be the most modern and purpose-designed NHS hospital building, will not be used to its full potential. The building is due to open this year. Charity funds towards it have totalled £40 million.
- All London transport services including British Rail, the Underground and 20 bus routes extent to London Bridge, making it the most accessible London hospital. The hospital is adjacent to the rail station and there will be direct access for pedestrians and wheelchairs to Phillip Harris House, Guy's Tower and New Guy's House without stairs.
- The fact that St Thomas's can be viewed from Westminster by politicians is no reason why Guy's should be closed rather than St Thomas's.
- Guy's and St Thomas's each have large Accident and Emergency departments with similar floor space and attendances depending on what constitutes a casualty attendance. Patients at St Thomas's already remain in casualty overnight waiting for a bed to become available. The closure of Guy's will increase the pressure on St Thomas's casualty and so decrease the quality of health care for the local community.
- Six speciality services including neuroscience, paediatric neurology and cardiology were reviewed and stated to favour the Guy's site rather than St Thomas's.
- Guy's is a leading research centre. Movement of the world class departments at Guy's, such as Renal Medicine, Paediatric Cardiology, Immunology, The Breast Unit, Paediatric Research Unit and Genetics will be detrimental to research and will impair further advances in these fields.
- Guy's is the only major Paediatric hospital in London on the same site as an adult hospital .It consists of:
  - The Evelina Children's hospital
  - Neonatal and Prenatal Cardiology and Paediatric neurology
  - Nephology, dialysis and transplantation
  - Paediatric Research Unit
  - Regional Genetics Centre
  - The Natural Purine Metabolism Laboratory
  - The Supraregional Laboratory for Genetic Enzyme Defects

- Ronald McDonald House—the first in the country for the families of sick children
- A Gait Laboratory, for the development of which funds are currently being raised
- Integration of the Medical and Dental Schools with clinical departments such as oncology, ENT surgery and immunology is essential for teaching, research and treatment.
- Guy's has the largest and best Dental School in the UK.

There has been a huge public feeling of resentment at this irrational and illogical decision. We as students of UMDS should become active in the fight to prevent the loss of a great hospital. It is not a fight of Guy's versus St Thomas's but a fight to preserve world class clinical, teaching and research facilities.

SUNITA GOSSAIN



UMDS  
**Charities**  
and  
**Week**  
**1994**

Present

*A*  
*Charity*  
*Dinner*

Saturday 30th April  
6.00 pm  
Lusty's  
St. Thomas's House  
St. Thomas's Hospital  
Lambeth Palace Road

# **CAREERS FAIR**

on

**WEDNESDAY 20 APRIL 1994**

**2.00 - 500 pm**

in

**THE GORDON MUSEUM  
MEDICAL SCHOOL  
GUY'S HOSPITAL  
LONDON SE1 9RT**

**Lunch will be available from 1.00 pm**

Enquiries to the  
Department of Postgraduate Studies  
UMDS, Medical School, Guy's Hospital  
Tel No: 071-955 4190



## *'political animals'*

*Student action not apathy*

**T**he wave of apathy gripping the student body at UMDS in the face of the threatened closure of one of their hospitals reflects grass-roots concern that if one half of the Trust must ultimately suffer amputation, to campaign for a reversal is by implication to advocate closure of St. Thomas' in place of Guy's. However, the time has come for UMDS to present a united student front. The Save Guy's Campaign is being fought under the premise that neither hospital should close.

*Time has come for UMDS to present a united student front  
...we represent a powerful potential resource*

Professor Jarman's figures, demonstrating a shortage rather than an excess of beds in South-East London challenge the entire basis of the Tomlinson report. From a student viewpoint, closure of Guy's can only mean a decline in the quality of clinical medical teaching—entailing larger firms, and a greater emphasis on peripheral teaching with its associated pastoral drawbacks. Despite assurances that only four campus house-jobs are threatened, the reality is yet to transpire.

Simon Hughes, delivering a stirring call to action at the United Clubs EGM, labelled medics as the least politically-motivated students. Richard Hughes, fresh from unaccustomed activities addressing a Liberal Democrats rally in Southwark alluded amusedly to his recent 'knight's move' in political terms. Nevertheless, in the guise of 'political animals' (with a small 'p') we represent a powerful potential resource.

*The closure of Guy's affects all students  
larger firms, more peripheral teaching  
and a threat to campus house-jobs*

**What students should do**

It is imperative that students write to their home MPs registering discontent—MP's are obliged to follow-up any such letters.

*Collect signatures distribute petition forms...ensnare commuters at London Bridge*

*Write to your MP...he's obliged to follow up any such letters*

*Wear a 'Save Guy's Save lives' T-shirt*

'Save Guy's, Save Lives' T-shirts are available and participation in marches is encouraged. A few intrepid students in white coats have been spotted ensnaring early-morning commuters at London Bridge; where a concerted effort to collect signatures is in operation on Mondays, Wednesdays and Fridays between 7 and 9am. For the more faint-hearted, it is vital to distribute petition forms among family and friends in home towns and place forms in shops and pubs in the local area to gain nationwide public support. Forms can be taken to GP clinics on quaterlies; students are also permitted to enter London offices to hand-out forms. Completed petitions should then be collected or forwarded to Simon Hughes, House of Commons. At the same time, donations towards court costs and the independent reappraisal of Guy's can be sought. The faster that the one million signatures and £1 million required for judicial review accumulate, the less chance that Guy's will have been quietly dismantled in the meantime.

The success of the Save Guy's Campaign depends on us giving it a high profile. We owe it to our hospital to make the facts known. Barts has just obtained its judicial review; indeed the last four Government policy decisions to undergo judicial review have been overturned.

*Public opinion, solicited by 'political animals' can and will reverse the decision to close Guy's*

RUTH SELWOOD

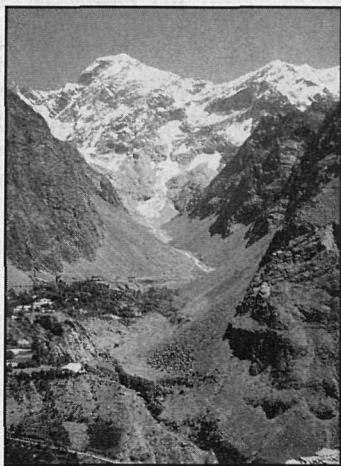
# TRAVELS IN THE NORTH

*The second in a series of articles by Dr T Gibson on Pakistan*

**I**t was a cold night but the mosquitoes had been active in our room. They must have flown through a crack in the window. Our faces were swollen and sore as we ate fried naan and drank green tea. The bread was baked on a charcoal fire in the corner of the kitchen. The cook, a dishevelled woman with a pronounced strabismus, squatted over a fire slapping the dough onto a flat plate. She was a widow with six young children and now a part of this household in Peshawar.

After breakfast, six of us piled into a car. We had sought permission from the Political Agent to drive up the Khyber Pass. This had been granted grudgingly because delicate negotiations were taking place in Kabul. We were stopped at the second barricade, well on the way to Landi Kotal at the top of the Pass. An armed policeman insisted on joining us. Up to that point he had failed to note that there were four Europeans in the car. Foolishly, unlike my wife, daughter and son I was not wearing a shalwar kameez and hat. As soon as the guard tried to share the passenger seat with me he became aware that I was a foreigner and insisted that the car turn around.

Along the Afghan boarder are the Tribal Territories where Pakistan law applies only to the roads. The fierce, unforgiving nature of Pathan custom ensures a sort of peace. This curious form of administration was devised by the British since there was no possibility of bringing the tribes to heel. It has one economic advantage in that it allows opium production, heroin factories



The Shandur Pass between Chitral and Gilgit

and gun running to flourish within Pakistan's border but outside its jurisdiction. We stopped at a stall which like many others displayed small arms for sale. Alongside chunks of brown cannabis resin was a row of innocent looking fountain pens but this was not a branch of W H Smiths. My son was invited to load a pen by unscrewing the cap and inserting a bullet. The firing pin was pulled, released and bang. This was a trivial item in a shop which made pistols, rifles and machine guns to order. The gun remains an important sartorial item to many Pathans who would rather be parted from a wife than a rifle.

We entered a frontier village. The houses were constructed of mud and separated by narrow, shady lanes just wide enough for our car. The village was surrounded by a mud wall perforated with rifle slits. My son and I were shown into a courtyard where the men drank tea with us. The women were entertained elsewhere. A noisy gathering of men and boys assembled outside the courtyard gate. There was a misunderstanding of my status. I had been introduced as a doctor from the Agha Khan Hospital but rumour of a visit by the Agha Khan had circulated and the crowd had come to see the holy man.

The next day we drove along the Grand Trunk Road to Rawalpindi, across the Indus River where the huge Moghul fort at Attock looms and still functions as barracks and prison, past the obelisk to commemorate General Nicholson who gave his life to the sub-continent and on through the Margalla Pass and the area of Taxila, a site of importance in the ancient Buddhist kingdom of Gandhara. The car stopped while our hostess shed her dupata and replaced her husband at the wheel. She drove as recklessly as a Pakistani man. As we neared her father's home she resumed her role as Pathan wife, exchanging seats and modestly covering her face. She had savoured Western freedom when her father was ambassador to Spain. He now lived in a grand house with many servants. Toledo swords, toreador and flamenco dolls cluttered shelves and cabinets. Between cheap Spanish souvenirs were posters of Mecca declaring Islamic bon mots. Before the diplomatic appointment he had been an army officer and on retirement he could speak no more Spanish than when he began his army career. He was a small, rotund man with an Ayub Khan moustache. He tugged me into a baronial room where I was flattered and fed tea and cakes. When I had eaten my fill, hospitality merged with business. He pulled up his shirt and asked to be examined. The old rascal was not going to allow a London hospital consultant to visit without obtaining a free medical opinion.

A long night drive north to the rarely used family home in Abbotabad was made difficult by rain. This house was also filled with Spanish mementoes and piles of unopened children's toys from Europe. In the kitchen, stale food littered the table mixed with plaster which had fallen from a sagging ceiling. Our hostess was lost without servants and my wife took charge.



# G A Z E T T E F E A T U R E

Early next morning she found some eggs and cooked omelettes around which she wrapped naan to make a passable picnic breakfast. We travelled through pine forest from which monkeys descended to the road. Snow was steeped and pack horses steamed under canvas coats. Soon the road was blocked by drifts and we walked to Thandiani and its teashop where a boy boiled water while we threw snowballs. This was one of the Galis or hill stations dating from the British time.

In the far north the winter is long and harsh and many villages are isolated from November to May. When I next visited Rawalpindi it was spring. I was playing rugby in Islamabad, a city of diplomats and embassies with lawns and smooth roads. The nurse at the British High Commission had trained just south of Westminster Bridge. Unlike the desert of Sind and Baluchistan, the Punjab was green and blossom was appearing on the trees.

By June it was hot in the north when I returned with my family. Flights from Rawalpindi to the Northern areas are erratic because pilots have to fly visually between peaks and any cloud means cancellation. Flights to Gilgit were days behind schedule as we joined two American teachers from Delhi and were directed to a muddy backstreet from which a minibus travelled daily up the Karakoram Highway. The mud had attracted a group of shoeshine boys who competed around the transport office. We drank milky sweet tea as we waited for more passengers. They did not come and so we purchased the remaining seats. Twice we were delayed because the driver was unable to show the correct papers to the police. On the second he was hauled off for an hour and we considered ourselves abandoned.

The Karakoram Highway (KKH) extends to the Chinese border and beyond, was completed in 1978 at a cost of 810 Pakistani and 92 Chinese lives and requires 1000 Pakistani soldiers to keep it open. For much of its way it follows the Indus River, weaving between the Himalayas on one side and the Karakoram mountains on the other. It was an awesome journey that we were to make on two more occasions. We stopped for landslips, tea and daal and while light lasted we were made aware of the perilous nature of the road. Always there was a steep drop on one side of the track with either the rushing Indus or a tributary



Stuck on the Karakoram Highway while a landslide is cleared

below. Despite our paying for the vacant seats, they were filled as we went. Amongst the new passengers was a sick woman who appeared on the point of dying several times but each time revived to chastise her two sons who seemed unceasing in their attentions. Our darkest moment was when we collided and skidded, uncertain of what had hit us. A tiny mountain cow limped into the headlight.

At Gilgit our tired and mute driver needed a fist of rupees before he would take us to our hotel. After 18 hours on the road sleep was easy. In the morning, we gazed from our window on Rakaposhi, ranked 27 at 25 500 feet. We walked in the hills around Gilgit and in the Hunza Valley towards China. It was like the Alps except that we had to breathe harder. The Hunzakites are Ismailis, followers of the Agha Khan. Their women do not cover their faces and they pursue a progressive Islam that is not exclusive. I was delighted to



Tea with villagers in Duka, Hunza

see grapes being cultivated. In Duka, a village high above the Hunza River we were invited to drink tea under a huge walnut tree. We looked down on Altit Fort, a 10th century structure in part and previously home to the Mir of Hunza. In the next village of Baltit was an even more impressive fort, white walled and standing against a glacier. We met a Belgian girl who had been so enchanted that she had abandoned her world tour and stayed to teach English at the school funded by the Agha Khan rural development programme. This was after all the Shangri La described in *Lost Horizon*, where people lived for almost forever. It was also Pakistan and trouble was not far away.

It was dusk when our jeep turned toward Gilgit. Groups of men stood at the roadside as if conspiring and soldiers now occupied the posts which in the morning had been filled by police. While we had been in Hunza, Shia and Sunni had been shooting each other and 15 people lay dead in Gilgit. A curfew was in force and we reached our hotel with difficulty and the driver along with others slept in the reception. At dawn it was confirmed that the curfew would last for days and all transport including flights were forbidden. We decided to chance it and paid the driver to take us back down the KKH in his jeep. We were stopped and searched several times but the soldiers were good humoured and allowed us to continue so that I could reach Karachi in time for my next clinic. At Chilas we were confronted by angry, excited men and boys

roaring in response to a henna stained mullah who did not appear to be preaching brotherly love. We steered into a courtyard and my son, who had spent the morning bemoaning our preoccupation with scenery suddenly became interested in his surroundings. We ran the gauntlet with sweet smiles, past boys holding stones as they waited to ambush traffic. They surged around the jeep, gesticulating and shouting but they did us no harm. Further along the road a police blockade had stopped a convoy of gaily decorated lorries, waiting for the anger of the mob to subside.



Tea shop in Gupis. The two proprietors are on the left and the stream for dish wasing is at their feet

In daylight it was possible to appreciate the spectacular beauty of the KKH. It was night when we reached Rawalpindi, dirty, sunburned and tired. Our driver could not read and soon lost us in the city. We stopped at a likely hotel whose manager had a Midlands accent. The room was filthy and despite my wife's weariness she urged me to try harder. It was two days later that the newspapers in Karachi reported in a small column 'an outbreak of communal violence' in Gilgit.

Unlike the southern coast of Sind and Karachi, the Punjab and Lahore receive the monsoon. In August it was not only hot but damp and walking was difficult. I was in a car comparing the standard of driving in Lahore with Karachi. It had looked favourable but as if to dispute me a Toyota hurled at us down the wrong way of a one way street. We backed away from the canal where we had almost sought refuge and continued to our room in the Gymkhana Club. There was a golf course and a long mahogany bar behind which a team of white coated

waiters in bow ties smiled apologetically and served lime soda. After a day of visiting the old city, Moghul mausolea, mosques and the Shalimar Gardens we ate early and retired. More than once we were told that Lahores Moghul architecture is better maintained than any in India, that the Taj Mahal is decaying and that India has no commitment to its Islamic buildings. None of it is true and despite the proximity of the countries it was sad to note that the generations after partition know little of their neighbour and care less. After 10 o'clock we were disturbed by a knock. I opened the door and were confronted by a professor who had come to take us to a faculty dinner in our honour. He had forgotten to mention it.

In the mountains north of the Punjab it can be cooler. From Peshawer we were lucky to obtain a flight to Chitral. The small aeroplane flew between snowy peaks, the Hindu Kush on the left, Karakorams on the right. Two years earlier a plane had disappeared in this region. At the small airport a crowd of noisy jeep drivers jostled passengers. We asked for the Tirich View Hotel. They slapped their sides laughing. 'Finished,' 'Political,' 'Blown up', was as much as we gathered about the hotel we had chosen with such care.

Chitral is little more than one street lined by stalls, the road rutted and dust rising behind jeeps and minibuses, crowded with bearded men wearing turbans or flat woollen caps. Our hotel was called Dreamland, a malapropism if ever there were. My wife believes that until women in Pakistan are involved in catering and hostelry, squalor will remain. I was inclined to that view when tea was served in dirty cups and the waiter sat opposite picking his nose. In our room a bucket of water served as shower and lavatory flush.

We climbed high above the town to the old Mirs summer place. Pictures on the walls and dust sheets made it seem that the place was vacated temporarily but the dereliction otherwise suggested abandonment. We picked apricots and admired snow peaked Tirich Mir (ranked 69 at 24 500 feet). The Kalash Valleys could be glimpsed straddling the Afghan border and later we drove down a narrow track into one of them, Bumberet. The sudden transition from hot rock to fields and orchards was startling. In the valley live the Kalash Kaffir people who have pale complexions and claim to be descended from Alexander's troops. They are open people who worship many gods although in Afghanistan they have been converted to Islam. The women wear long black dresses (Kaffir means non-believer and Kalash means black) and elaborate bead and cowrie shell decorations. We entered a village of log and mud homes moulded to the hillside. A crowd of giggling girls borrowed my binoculars and reluctantly returned them. I walked through a steep meadow adjoining the village, among coffins some minus lids. They dispose of their dead in this public fashion by leaving the departed in the backyard as it were. Ancestor worship is also part of their spiritual agenda. Much to our distaste a group of German tourists arrived and by prearrangement prepared to listen to Kalash music.



Kaffir Kalash women dancing, North West Frontier Province



Girls and women linked arms over shoulders and to a rhythm provided by a boy beating a drum they surged back and forth while emitting a whine. Even Hans Werner Henze does not compose anything as painful. We found our driver asleep under a table and left a message that we were walking. He could not afford to lose us since he knew we were planning to cross the Shandur Pass, the possibility of three days certain work for him.

At dawn we left Chitral, picking up a co-driver who delayed us by receiving a blessing from a holy man. There were further delays due to a landslide and the drivers' insistence on hitting his pistol with a rock to release a jammed bullet. At this point doubts entered my mind about our driver and these were reinforced when I realised he was smoking hashish as he drove. Our route was a jeep track with steep cliff on one side and rubble in our path. In the late afternoon the jeep collided with a boulder which dismantled the rear suspension. Repairs were effected with rope and wood. I noticed that the tyres were as smooth as pebbles. At nightfall after cautious, slow driving we reached the rest house at Sor Laspur. To be frank there was a shed with two charpoys, a

tent and a stream. Supper was boiled, unseasoned vegetables with naan.



Ismaili family with whom we stayed in  
Altit, Hunza

In the morning the log and rope holding the vehicle together were replaced and we climbed higher into the pass where yaks ploughed and small boys made rude signs. Even in the wilderness of Pakistan, males of the species become excited by a glimpse of a Western woman. After all, they know how loose they are because they may have seen how Western women behave on cinema screens. A polo ground at the top

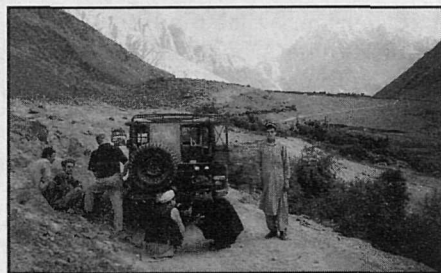
of the pass is used once each year for a game between Gilgit and Chitral. At Phundar the bridge had been washed away and we had to cross where the river was wide but shallow. The suspension fell apart as we manoeuvred over the rocky river bed. There were more temporary repairs with string, stick and unbelievably, elastic bands. A reluctant government rest house sheltered us and our supper was enlivened by stringy chicken which was chased and killed as I was still negotiating its price.

At Gupis a welder began proper repairs while my wife and I drank tea in a shop run by little boys. They washed the crockery in the gutter stream between making the usual suggestive comments to a Western woman. A handsome fellow, in a shining white shalwa kameez introduced himself as a servant of

the District Commissioner and would we care to join the DC for tea. We walked a short distance to a garden where he was lying on a rug playing with two small sons. Around the garden sat wiry tanned men nursing guns across their knees. The DC picked up his own weapon from against a tree as we entered the house. We met his wife and both were urban Punjabis. I was asked if I would take a glass of wine and another son entered with two glasses, a bottle

and a jug of water. My host poured his drink then added water, a curious way to treat wine I thought. It had no particular taste but it smelt like trouble. After two glasses the DC lapsed into monosyllabic English uttering 'more', meaning I should finish the bottle of what I learned was called Hunza Water, a distillate of mulberries. When our driver rejoined us covered in sweat and oil he was unnerved by my strangely inappropriate benevolence.

We reached Gilgit at midnight and found a hotelier who was cheap and



A broken rear suspension on the  
Shandur Pass

prepared to cook chips at that hour. By the next day we were once again in Hunza staying with a family in Altit. They boiled us water for bathing on an open fire in their garden where apples and apricots grew. We climbed Ultar Glacier where we were accompanied by a party of Japanese carrying flowers to mark the site off an earlier climbing tragedy. As we descended, we crossed trekkers and porters heading for the high peaks. Below on the old polo ground women were threshing by hand, surrounded by Westerners with cameras. As they left in their jeep they threw coins and sweets to the children. A novel type of tourist is beginning to visit Hunza, distinctly less lean and fitter than the climbers and entering through China on the KKH as part of a lengthy tour.

Before stealing ourselves for the minibus journey south to Rawalpindi along the KKH, we climbed to Duka again. This time we were not offered tea but were surrounded by children demanding money. When we refused they threw stones, viciously and accurately. In order to escape it was necessary to throw bigger stones in return. The corrupting influence of Western tourism on poor communities has many echoes and was that not the fate of Shangri La?

**Dr T Gibson**

# Death of Guy's

*A student angle*

**A**long with the announcement on 10 February that medical services would be transferred from Guy's to St Thomas's, begins that period of uncertainty for students, staff and health consumers alike, which mars the face of major change.

While we wait anxiously for the decision by the Guy's and St Thomas's Trust on which services will move where and when, we can ponder on what the future will hold for us as students and future members of staff. There is obvious concern as the Trust has made it clear there will be job losses in the coming years, across all groups of staff. Where does this leave the Dr who has spent much of his life studying and the manual worker with a family to support? Understandably a lot of resentment and bitterness is aimed at the powers that be—'an exciting period of change' or a time for anger and opposition?

This article examines the student angle on the unfolding drama—what do we think of the claim of a 'state of the art' local health service existing alongside a major new centre for teaching and research? We sit in the centre of an institution founded over 200 years ago which appears to be melting, moulding and metamorphosizing around us.

*'We sit in the centre of an institution founded over 200 years ago which appears to be melting, moulding and metamorphosizing around us'*

## Interviews with student nurses at Guy's

**Charlotte McCarthy,**

'I have an opinion that my future job prospects are affected. I finish my training in just over a year and even before I finish some of the wards will have moved to Tommies. So we have the option of either being relocated at Guy's or else going to Tommies which may seem a nice idea at first. Unfortunately at Tommies the staff are different and not familiar with the curriculum we follow. Our objectives may not

be fulfilled on the ward and our placements may not come up to the required standard. It's a possible problem. You may think it's a good idea but I don't.'

And its not just those well established on their nursing course who are affected. Arriving into the maelstrom are the new Project 2000 intake, amidst rumours of redundancies. The whole picture, one agrees, is rather blurred.

'The Project 2000 are messed up, to put it mildly. There's a lot of nursing tutors being made redundant, especially those who can make a noise later, those aware of the political reasons for what's going on, the good ones. I've been told that there will be job cuts equally at Guy's and Tommies and that all staff will be moved from Guy's to Tommies. It's been implied that we shouldn't make a fuss and just get on with our training but we're the ones going to be looking for jobs in a year or two and what will we do when there aren't any?'

You may well ask who the above sources are and undoubtedly a lot gets distorted along the Guy's grapevine, but generally information is gleaned from lecturers, tutors and newspapers (who have been somewhat lacking in their coverage). Yet one cannot dispute that everyone is a little in the dark as to exactly what and why.

'I'm not happy with the amount of info I'm getting but it's probably better not to say anything if they don't know exactly what to say. If I had to apply at this stage for nursing I would be unsure about applying to Guy's. Who knows what state Guy's is going to be in the next few years?'

**I spoke to Sam Rajaratnam, UMDS vice-president about this sordid state of affairs and picked up some interesting information.**

'Philip Harris House (PHH-the new building) has some £250 000 worth of indoor plants in it and is worth £140 million.'

On a more serious note one of the major reasons why Tommies won the site battle was that it has one of the biggest casualty departments in London. As all present students know this casualty department has been upgraded in the last few years.



**Sam,**

'As a student it appears to us that Virginia Bottomley has gone against all advice. There are also a lot of nasty rumours flying about saying that the panel who decided this were heavily biased. Whether this is true or not I don't know. From a student point of view there are pros and cons to everything. Ultimately an institution involving Kings as well will probably benefit all student life if pre-clinical was on one site and clinical was on the other. To be quite honest I'm of the opinion that if the decision was reversed, with Guy's becoming the major hospital because of Philip Harris house, it would be far better. But I also think that part of the decision was because the government didn't want a multi-faculty institution across from the Houses of Parliament.'

What is a complete pity now is that out of the three sites, Guy's, St Thomas's and King's, Guy's, from a very strong position as the government flagship, is now dependent on King's coming here.

In answer to your question, I'm really not worried about the future availability of house jobs because Professor Chantler has told us that only four or five house jobs would go and it has been assured that people at Tommies are no better off than those at Guy's because we are a UMDS institution.'

As far as information at UMDS goes there is a school meeting every two or three weeks and any interested students are expected to go. However, I don't think the average student knows about these meetings and I certainly didn't. But then maybe I've got my head buried in the sand. Prof Chantler gives his views at these meetings but there is a lot of confidential stuff we don't get to hear. The fact is, for the mass public, staff and students, people in authority have to give not their own opinions but a united front. For instance if Prof Chantler thought something as an individual he might not say that at a school meeting. He'll speak as the principal of UMDS.

'Some of the best things about coming to a London medical school are the old traditions and pride and the UH competitions. That's what drives this place. You go on raids and trophy hunting. It's really the atmosphere-and that's now being lost. I personally would prefer medics and dentists sticking to medics and dentists as opposed to a multi-faculty site because that's why I applied here.

Everything hinges on the fact that if King's does not come here then God only knows what will happen to Guy's. But then King's has to go somewhere-it can't say no.'

**A dentist's view—Smokey (Samy Darwish, student president of UMDS)**  
**Smokey,**

'Obviously the decision that has come from Virgina Bottomley has gone against all advice that she had asked for so I'm not personally in support of what she has said. How is it going to affect the dentists? First of all I find it difficult to imagine a dental hospital which is distinct from a general hospital. Some people may say that there is a bigger space for us now, that we can expand and go forward in life but it's not really suitable to be separated from a medical hospital.

*'I am angry, disheartened and sad. It depresses me as a Guy's and UMDS man'*

I believe that everything is going to stay as it is in the tower except that the oral surgery department is going to be transferred to St Thomas's, which complicates things for that team.

I am worried about the future of the dentists, I would be lying to say that I'm not but hopefully we are strong enough to maintain the standard and quality that we already have but its going to take that bit more effort and I do have certain qualms about that. You still try and look forward though and that's what our survival is dependent on. If it means combining with King's and becoming a research centre then fair enough—that's much better than having a supermarket placed on this campus. I am disheartened by what's happening but optimistic in that we'll make the best of the bad things we have to put up with. I don't believe we'll be moving forward into the future as a major research centre with most clinical medicine over at St Thomas's-Guy's is going to be one huge laboratory as far as I can see.

I am angry , disheartened and sad. It depresses me as a Guy's and UMDS man.'

**Views from medical and dental students at UMDS**

**A student at Guy's,**

I'm quite disappointed with the decision because in the end we're losing heritage and one third of the patients in the area we provide services for. I think Prof Chantler has managed to tell us that it's going to be a good thing in the long term for UMDS, not an immensely good thing but alright, but I think its not going to work out. I've heard that the first three floors of PHH will be OPDs and the top three will be research and medical school but as most research centres around patients if you don't have as many as you would normally, the level of research is going to plummet.

King's are worried about us gobbling them up but I think it's going to be quite the contrary and that we have to do something to ensure that we don't get eaten, like

many other places, by King's. I believe that a lot of services will be cut down but not that big a job loss. However I'm worried about my future job. You've got to worry haven't you? God knows what's going to happen.'

## **A third year student at St Thomas'ss,**

'I think as a result of the impending amalgamation undergraduate education and medical provision will be vastly reduced and become inferior. The joining previously of Guy's and St Thomas'ss, in hindsight, has produced a worse quality of education for students of both sites. I came to this conclusion after talking to Drs who had qualified from both campuses. Originally firms were between four and five in size, now they are even greater than 12 on occasions. One of the reasons I applied to London was for the homely atmosphere of a small friendly medical school—which will be no more. I'm actually very worried about house jobs. We all know that what happens on paper is different to what happens in practice and I think the number of HO jobs lost will be in the region of 50 at Guy's and St Thomas'ss. I think within UMDS, including King's and an Oxbridge intake and with competition already so tough, we will get HO jobs but not in the college we qualified from.

As for the new intake, 6th form students are very naive when applying and unless discouraged by tutors and teachers things won't change. I doubt they know the full scale of what is going on. If I was to advise someone where to apply I'd probably tell them to apply to a smaller Med School.'

Basically, to summarize the reforms, they appear to hinge around money. The government wants to move money out of London and invest it in the periphery. Aspects of health care and education in London will consequently drop in standard. The Trust is apparently trying to get around this by using other methods—by amalgamation and other tactics. It all boils down to money leaving—either way the decision went people would still suffer.

It's a shame people from UMDS tend to marry themselves to either campus. They lose the cosmopolitan feel of a UNITED medical school. There are reports of some 'Tommies boys' rejoicing and phoning people up to come and drink in the Tommies bar when the closure of Guy's was announced. One of them even planted a 'FOR SALE' sign outside the Guy's Medical School. We all know of the famous 'Tommies and Guy's Boy' rivalry—mostly it's harmless fun, in jest—but at a time like this I do wish those narrow-minded idiots would realise that they are at UMDS and closure of any part of our institution is of detriment to us all. I considered interviewing these fundamentalists but realised their insignificant twaddle / twopence-worth was not becoming of this page.

**Andy Akiri,**

'I not sure the public's quite aware of what's going on. They see on the news that Guy's is closing full stop. So a lot of people outside think that Guy's is gone.'

**Ali,**

'It sounds good that Guy's and St Thomas'ss will be joined by King's as we will be able to meet and socialise with people who do all sorts of different things. That's a good key point and lacking here at present, although I would be worried about extra competition. One thing that's clear to me is that Guy's always had a world-wide reputation and this might be affected by the closure of the hospital. That might prevent some people applying here—yes I think it would make people think twice.'

Well it does seem very strange that the NW, NE and SW Thames health authorities can put forward a proposal and the government can reject it. Surely these authorities would know best as to what should go where and how the government has grounds to refute this is anyone's guess. We don't know enough to be particularly confident about the fate of our beleaguered institution. There is no doubt that we are somewhat in the dark. The government seems keen to close well known establishments yet I can't see the rationale for this so called 'rationalisation' of the health service by Virginia Bottomley. All I can see is the dissolution of a noble institution, destruction of heritage and disregard for what is right for patients, for all the wrong reasons. Some believe Virginia Bottomley is dangerously mistaken in claiming that London is grossly over-provided for in terms of acute care.

There is a document circulating at Guy's headed 'Guy's and St Thomas'ss Hospital Trust-the facts behind the decision'. In this are given reasons for the decisions that have been taken and why they should have NOT been taken. After reading this document things began to look slightly fishy. Facts like the Guy's site is 30% larger and the committee appointed to make these decisions was decidedly biased in terms of their past connections. It makes no financial or logical sense—only political.

Well, as we wait for the dust to settle, we all feel uneasy about what awaits us; thankfully we can take comfort in the fact that a very active campaign to save Guy's and prevent the dissolution of clinical services on either site, is being fought. As students at UMDS we should all do our utmost to halt the death of Guy's. One million signatures are needed on petitions to debate the issue in Parliament—so get collecting. I just don't see why it has to be this way.

**Sanjay Varma**

Third-year medical student

Petition forms available mornings, UMDS office, 1st Floor, Boland House



# Campaigning to Save Guy's

*Anger changing to iron determination*

**T**he enormity of the Secretary of State's decision to close Guy's Hospital initially aroused amazement, disbelief and anger throughout the Guy's community and those who we are proud to serve in the tradition of our motto 'to give not to receive'. This anger is developing into a widely shared determination to challenge and reverse this atrocious decision. Readers of this *Gazette* have been writing in huge numbers to share their concern and offer their support and will now have received their Save Guy's Campaign documents which explain what you can do to help. Events are moving fast and this article is designed to bring you up-to-date with events as they stand on March 27th. But to keep yourselves fully informed you must watch the Press carefully.

*'This anger is developing into a widely shared determination to challenge and reverse this atrocious decision'*

The *Evening Standard* carried a three page article criticising Mrs Bottomley's behaviour and the *Sunday Observer* Magazine carried an excellent piece of investigative journalism describing the ridiculous proposal to close a flourishing hospital when Jarman's figures show that London actually has less beds than other British cities and far less than European cities.

The latest news carried by all the national newspapers is that Sir Philip Harris and the Imperial Cancer Research Fund have asked for their donations to be returned if Philip Harris House is not to be used for its proper hospital function. I can think of one other man who would certainly want his money back, a man who stands in bronze in the front courtyard of the hospital holding his will in his right hand. He will be relying on his trustees to do everything in their power to preserve the trust inscribed in that will and invested in them.

## Site Review Subcommittee of the Medical and Dental Committee

The Medical and Dental Committee of the consultants of Guy's Hospital have set up a sub-committee to review, challenge and reverse the decision of the Secretary of State. The membership of the Committee is as follows:

Prof Richard Hughes (chairman)  
Dr David Bihari (secretary)  
Mr Michael Gleeson (treasurer)  
Prof Martin Bobrow  
Prof Steve Challacombe  
Dr Bob Knight  
Mr Geoff Koffman  
Dr Chisholm Ogg  
Prof Tak Lee  
Prof Michael Tynan

*Gazette* readers will not be surprised that we have been overwhelmed with offers of support from Guy's men and women inside and outside the hospital. We are grateful for your support and ask you to help us keep up pressure on Members of Parliament and the media so that they are constantly reminded of the ridiculous proposal to close Guy's until the decision is reversed.

### Lack of reason

We have tapped every source available to discover some reason behind the Secretary of State's decision. Every further investigation appears to us to challenge her decision. In the first place the very basis for the Tomlinson report has been challenged by Professor Jarman's figures showing that the number of beds per head of population in London has fallen dramatically over the past 10 years and is now less than that in any other major city in England. In fact there is already a shortage of beds since the percentage of cases needing to be refereed into beds by the Emergency Bed Service has actually risen from 8% to 33%. The newspapers are constantly filled with horror stories of patients being kept overnight on trolleys in casualty corridors.

*'We are grateful for your support and ask you to help us keep up pressure on Members of Parliament and the media'*

*The last thing we at Guy's want is a dispute with our colleagues within UMDS at St Thomas's Hospital and we hope to successfully challenge the decision to close either hospital.*

However if one hospital has to close it would be more sensible to keep open the larger hospital (over 30% larger in operational floor space ie larger by more than the volume of the Guy's Tower), to keep open the hospital with busier A and E department (our figures show that Guy's had 66 000 attendances last year compared with 62 000 at St Thomas's), to keep open the more efficient hospital (Guy's sees the same number of patients with 416 less staff), to keep open the hospital with better public transport access, to keep open the hospital with a £140 million building with ultramodern facilities due to open in August. These and the other arguments related in my article last month stand robustly and Mrs Bottomley's decision flies in the face of reason.

Our subcommittee is approaching the Trust Executive, the Trust Chairman, Sir Tim Chessells (chairman of the London Implementation Group), the chairman of the new South London Health Authority, and the Secretary of State herself and putting these arguments firmly and clearly. It is bizarre that the medical and dental staff should have to fight this campaign without the support of our management. In former times the Superintendent, Matron and Treasurer would have been standing shoulder to shoulder with us. Our Trust and its Executive welcomed the decision!

## **Save Guy's Campaign**

Where we have lacked support from our management, we have been enormously grateful for and encouraged by fulsome support and practical help from the Save Guy's Campaign Coordinating Group chaired by Simon Hughes Liberal Democrat MP for Bermondsey. The Campaign had cross-party support and was launched at a press conference last Monday in the Guinea Butt (close to the George) where Simon Hughes was flanked by Roger Sims Conservative MP and Tessa Jowell Labour MP. The group has a wide membership including the Friends of Guy's, Nurses' League, technical staff, Unison and other unions, Southwark Community Health Council, and Guy's Kidney Patients Association as well as the Site Review Subcommittee. It is a tremendous tribute to the group under Simon Hughes' chairmanship that we have signed up to a common objective to reverse the decision to close our A and E department and inpatient beds, to a single campaign policy and to one bank account, the 'Save Guy's Campaign' Fund. We badly need your cheques now!

**Save Guy's Campaign Fund**  
**PO Box 4016**  
**London SE1 9TG**

**What we are doing**

Simon Hughes and Bob Knight have already drawn to the attention of the House of Parliament Public Accounts Committee the potential waste of public funds if Philip Harris House (cost £140 million) is not used for the purpose for which it was designed. We have already launched the Campaign with the press conference and sent out 40 000 'Save Guy's Campaign' leaflets requesting donations, mostly to Guy's men and women throughout the world. We have started to collect signatures on a petition which is supported by members of all three parliamentary parties. Simon Hughes and other MPs will present these on our behalf and the House of Commons will be compelled to focus its attention on the proposed closure of the Capital City's major hospital. That alone might just be sufficient to rescue the government from making a dreadful mistake. We are consulting Management Consultants to investigate the option appraisal by the St Thomas'ss dominated Executive which appears to us flawed for the reasons stated in this and last month's article. We have consulted solicitors and are about to consult Counsel about seeking a judicial review to challenge the Secretary of State's decision. St Bartholomew's Hospital have just been given leave for a judicial review and our case seems even stronger.

And so now we are not just angry, we are determined, and we are even optimistic.

BA Tudgay wrote in his letter last month that the present generation lacked Sir John Conybeare's 'bottle'. I thought 'Cony' was a marvellous old buffer when he entertained several of us medical students to dinner in the 1960s. I hope I have persuaded readers of this article, and maybe even BA Tudgay, that the present Guy's vintage is a pretty good brew and worth keeping.

**Professor Richard Hughes**

Chairman Site Review Subcommittee of Medical and Dental Committee

Professor of Neurology

Honorary Consultant Neurologist



## *The press launch*

*Coming out in support*

**T**he campaign to save Guy's Hospital for patients was launched on 21 March 1994 at a London press conference. The campaign made an urgent appeal for a one million pounds fighting fund and one million signature petition to be presented to Parliament.

The Guy's Campaign stated,

*'Our aim is to change the decision of the Government to withdraw beds, casualty and specialty services from Guy's Hospital and to ensure that Guy's continues to provide a full service for patients'*

**MP, Tessa Jowell, speaking for all London Labour MPs,**

*'This decision is a colossal waste of public money and will squander facilities which have taken years to build up. We are highly suspicious about the quality of the information on which the decision is based. We want to know why the expert advice was rejected and why vital facilities in London are being closed against the weight of the evidence.'*

**Chairman of Guy's Site Review Committee, Professor Hughes,**

*'The campaign funds will be put to excellent use. We plan to obtain an independent review of all options by independent management consultants. We are considering a judicial review of this decision in the High Court. And the petition-with at least one million signatures-will be presented to Parliament later in the campaign.'*

**Campaign Committee Chair, Guy's Hospital local MP, Liberal Democrat, Simon Hughes,**

*'It is an illogical decision...we are running an all-out campaign to reverse it.'*

**Chislehurst Conservative MP Roger Sims,**

*'Guy's Hospital has served patients from London and the rest of the country for 270 years. This great hospital continues to develop its international reputation for excellence in the treatment of patients, education and research.*

*Our aim is to persuade the Government to reconsider the options and preserve Guy's for patients.'*

**Chairman of Guy's and St Thomas'ss Kidney Patient's Association, Alec Schwartz, representing all patients' organisations,**

*'Guy's must be saved. They depend on Guy's world class life-saving specialist services which are second to none. They greatly value the convenience of*

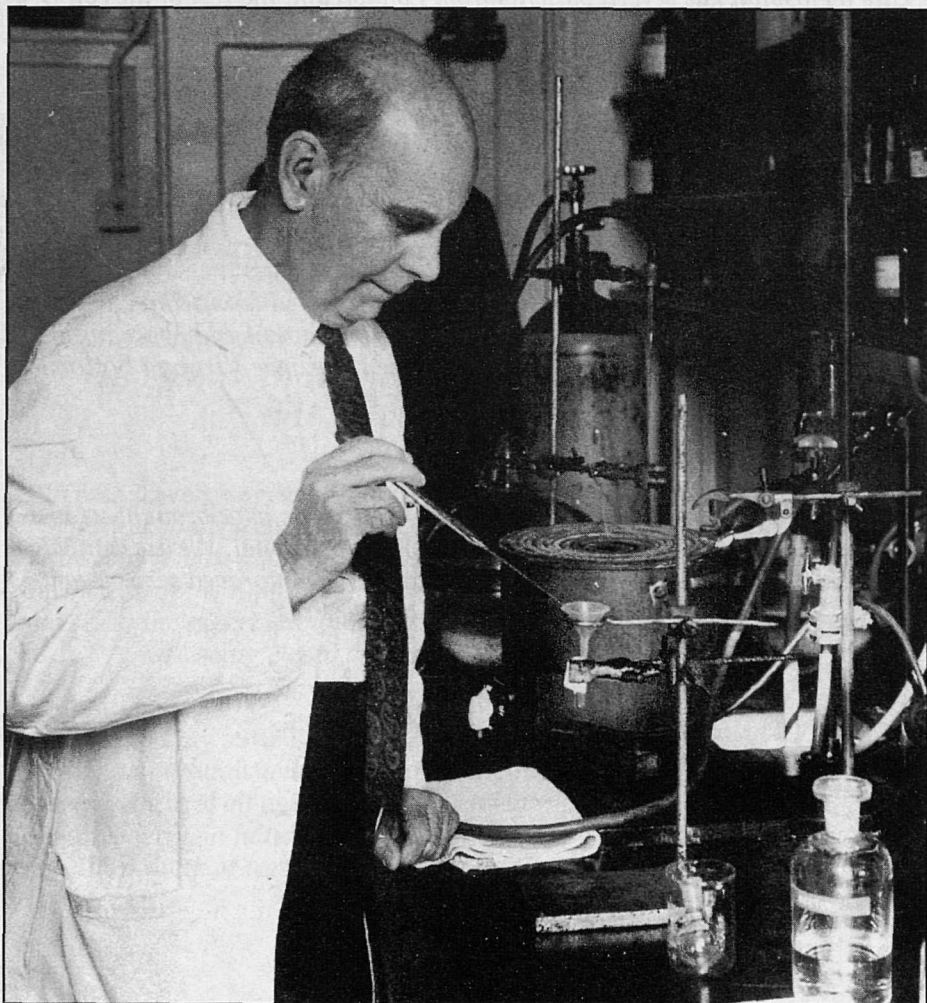
*Guy's unequalled public transport access. We have already been overwhelmed with public support, for Guy's patients believe Virginia Bottomley must change her decision.'*

**Chair of the SICK campaign, Coral Newall,**

*'We firmly believe that constant and successive cuts have brought us to a dangerously low level of hospital provision in the Capital. We are campaigning to not just to maintain the status quo but for improved services with increased allocation of resources'*

***Professor G A D Haslewood 1910-1993***

Professor Geoffrey Haslewood who was head of the Biochemistry Department from 1940 to 1977 died on 15 October 1993, aged 83.



### An obituary appreciation by Professor A T Diplock

*Geoffrey Haslewood was a man to whom it was impossible to remain indifferent, he stirred up strong emotion in every one with whom he came in contact. He loved people to react to him, and he ensured that this would happen by a carefully studied technique in which would make an apparently outrageous remark knowing full well that he would get a reaction. As a keen fisherman, he would dangle a small piece of tinsel in the water, knowing that the fish would rise to it. Many times in the old Common Room at Guy's I have witnessed one of Geoff's little remarks develop and blossom into a full-blown debate on some issue that was currently of interest. And Geoff would sit back, having started it all, and enjoy the often strongly expressed views of his colleagues, putting in the odd controversial remark from time to time to make sure the fire kept burning red.*

Geoffrey was a 'character' but also a man of intensely human qualities many of which we remembered with great affection. His honesty and integrity were unparalleled and both in his professional scientific endeavours and in his private life Geoff was never satisfied unless there was complete transparency in all his dealings.

Writing in the *Gazette* at the time of Geoff's retirement in 1977, Professor Keith Simpson wrote 'When Guy's men and woman get together anywhere in the world they are apt to exchange memories of the 'characters' whose colour, learning, teaching and personality relieved the more humdrum routine of their years at

the School and Hospital. Only a handful ever leave indelible impressions, but Geoffrey is, and will long be, one of these.'

Geoff's scientific career began at the Royal Cancer Hospital and at the Royal Postgraduate Medical School at Hammersmith, and by the time he moved to Guy's in 1939 as Reader in Biochemistry he had already established for himself a distinguished reputation for his expertise in the comparative biochemistry of the bile salts, a topic in which he became the acknowledged world leader. It was therefore natural that he should be appointed to the first Chair of Biochemistry at Guy's in 1949, a position he held with great distinction until his retirement in 1977. During this time Geoff had pursued with great tenacity the view that alterations in the side-chain of bile salts were of phylogenetic significance, and that in order to substantiate this hypothesis it was necessary to obtain bile from a large range of different species. The Zoological Society of London was invaluable in this respect and many were the times that an 'SOS' would be received from the Zoo that some rare species had perished and the animal was being held pending Geoff's pleasure. An apocryphal tale of the period concerned an African Elephant; a young assistant was duly dispatched to dissect out the gallbladder. 'Nonsense' said Geoff, 'You aren't looking properly. Go and try again.' This went on for some time until it was eventually realised that the laugh was on Geoff. The elephant is a species that apparently manages without a gallbladder.

By the time of Geoff's retirement all this effort had born fruit and it was established beyond doubt that cleavage of the bile salt side-chain had certainly altered during evolution and that it was possible



to predict the phylogenic position of a species by reference to the detailed structure of its bile-salts. It is also a salutary lesson to us in today's high tech, high cost research, that most of Geoff's work was achieved on shoe-string budgets and done with his own hands. His achievements were recognised in many different ways, among the greatest of which was his Honorary Membership of the British Biochemical Society, given to him last year. This honour has only been given to a handful of distinguished biochemists who have made a major contribution to the subject. Geoff was a member for 62 years, a Committee member for eight years and Chairman of the Society for two. He also was awarded the Honorary Membership of the Japanese Biochemical Society in 1969 an achievement that was particularly dear to Geoff's heart because it is a very rare distinction indeed for a non-Japanese.

As a teacher Geoff developed his own particular style that is remembered by his many students around the world. Whenever I travel I often meet Guy's graduates, many of whom have gone on themselves to occupy positions of distinction, who invariably speak with affection of their undergraduate studies in biochemistry under Geoff's inimitable tutelage. He was also a stalwart of academic standards and served universally as an examiner who was known for his fairness but strict adherence to high academic standards. As a most senior figure in natural and international biochemistry Geoff will always be remembered for his high principles and dedication to his chosen profession.

Geoff's scientific work did not cease when he retired. He had always had a great interest in reptiles and was particularly concerned that some of the six native

British species of reptile, three lizards and three snakes, were endangered by farming methods, building roads and housing, and other changes in the natural habitat of these creatures. Geoff, and his beloved wife Beth, threw their considerable energies behind the British Herpetological Society in its efforts to preserve and conserve these reptiles in this country. They took part in detailed surveys of the status of two of the rarest reptiles, and their habitat is now in many instances protected a Site of Special Scientific Interest.

Geoff Haslewood was an immensely kind man who would go to great lengths to make sure that those around him were happy and content and many former members of his staff can bear testimony to his concern for them. He was a person who, as I know from personal experience, was a marvellous ally in a fight. When I needed to get registered to study for a PhD degree under his direction at Guy's, I could not do so because the London University of the day did not recognise my Bristol first degree. So, quite undaunted, Geoff took on the formidable bureaucracy of London University and succeeded in getting the regulations changed to enable me to register. 'After all' I remember him saying, 'The University is there to serve us, not to order us around.' His supervision of my PhD studies was characteristically fair and honest and I will always remember with affection the afternoons I spent perched on a stool in his lab, while Geoff was busy recrystallizing his latest bile salt in a minute flask on his beloved old copper steam bath. Our discussion was often not of science, but of some minor act of the Government of the day which had particularly outraged him. I owed my education in politics entirely to Geoff for similar

reasons. But it was particularly when I came to write my thesis that Geoff's qualities really were put to the test; I was rather proud of what I thought was a fair ability to write English, but Geoff had to teach me that I was so verbose and imprecise that no scientist of calibre would bother to read my ramblings.

What little ability I have today in writing English is entirely down to Geoff's skilled direction. And then there was his marvellous, some might say rather zany, sense of humour. Geoff would get huge enjoyment from tiny funny incidents that occurred from day to day and his joy at strange or singularly appropriate names of authors of scientific papers was something of a legend. For instance, a paper by Trout and Salmon on Teleost fish bile salts was particularly appreciated.

Geoff's courage was also quite remarkable. During his long life he had more than his fair share of adversity and illness. One of his famous sayings was that, because he had so many operations there was nothing left inside him to go wrong! His resilience was to stand him in good stead when, some eighteen months ago, he was stricken by a stroke. His determination to overcome the handicap that had so cruelly been placed upon him was an object lesson to us all and thanks to his sheer guts and determination, together with Beth's unstinting devoted support, he had succeeded in improving very substantially his quality of life. It is tragic indeed that he was not able to benefit for long from this improvement.

**A short appreciation by Professor Declan Anderson, Guy's 1938-1966, Emeritus Professor of Physiology, University of Bristol**

*It is difficult to select from memories as a student and subsequently as a member of staff (over a period of 20 years), examples to convey something of the richness to Geoff Haslewood's character. Above all he was kind and compassionate, but fervent in his antagonism towards injustice, hypocrisy and man's inhumanity to man. Over a smile his piercing blue eyes could reassure, but with an unsmiling face they struck fear.*

He enjoyed his research and teaching enormously, excelling in both and he often said that for such pleasant work payment was almost unnecessary. He had a love-hate relationship with his clinical colleagues, which was much mollified after they rescued him from death's door during a serious illness. Slecky (eg Slesinger) was one of his favourite sparring partners. On one occasion Slecky's face assumed a more than usually pained expression and in his gravely voice said very slowly, 'Hang me Haslewood, draw and quarter me if you will, but for God's sake get your chair leg off my foot!'

Geoff believed passionately in the value of the biological sciences to medicine and in Guy's as a great Hospital and Medical School. Though an adopted son of Guy's recent events would have saddened him greatly.

**Dr M P Coplans, Guy's 1941-1947, remembers the war years when Guy's Medical School was evacuated to Tunbridge Wells**

*The year was 1941, the place a large country house near to Tunbridge Wells. I was a new boy of 17 and approached the noisy room with trepidation. It was a kitchen, smoke-filled and full of mature men drinking tea. One of them, a geriatric who must have been thirty-something, was sitting on a cupboard dangling plimsolled feet with a nonchalance which proclaimed his authority. He looked at me with enquiring distaste. 'I'm Coplans.' I volunteered bashfully.*

'Well I'm Doc Haslewood, and warden of this hostel at 5 Sandrock Road, but we can't call you Coplans, so give us a proper name.' 'Michael.'

'OK from now on you're Mike and I'm Doc. Got it? For my sins I teach you biochemistry, so we won't meet for a year, unless, of course, you fail first MB and they chuck you out into the Army.' Doc sucked reflectingly on his pipe, presumably relishing my probable future military career. 'If you get as far as the biochemistry,' continued Doc, 'I miraculously become 'Sir' outside these walls.'

In spite of the plimsolls, Doc was an enthusiastic officer in the Guy's battalion of the Home Guard, and always took a

special interest in the progress of all his Sandrock Road boys. He had very sincere communistic views and had been devastated when Stalin signed his non-aggression pact with Hitler. Notwithstanding his aggressive exterior he was, in times of stress, extremely kind at heart.

I had been qualified for several years, and had been in the Army, when I returned to Guy's as resident anaesthetist in 1952, and thought I should pay a visit to Doc, now Professor, Haslewood. My knock on his door was greeted with a fierce command to enter. There he was, frowning his displeasure at the disturbance, but by now I had his measure. 'Mike Coplans,' I announced proudly, and his face was transformed by a welcoming smile of genuine pleasure. 'Hello Mike. Good of you to come and see me. Do you know, I've just been looking through some old copies of the Sandrock Scandals, which I seem to have kept. You remember, the 'Private Eye' typing thing we used to publish in the good old days? Like to see them?'

'Of course I would Doc', I lied, and the names came flooding back; Bruce and Godfrey Wooton, Jim Pugh, Ted Edwards and many more. I felt that in some strange way the camaraderie of Sandrock Road may well have been the happiest time in Doc's life.

## GRAHAM HECKELS

*Graham William Heckels, a general practitioner at Epsom, Surrey for over 40 years, died in February 1994 aged 98 years. At the time of his death he was thought to have been the oldest Guy's medical graduate.* He entered Guy's Hospital Medical School from Colfes Grammar School and qualified with the MRCS and LRCP diplomas in 1916. After holding the appointment of out-patient officer he enlisted in the Royal Army Medical Corps and served during World War I in Mesopotamia. His arrival in the Persian Gulf was delayed when the troop ship taking him there was torpedoed and sunk in the Mediterranean. After demobilisation a chance meeting in the Park at Guy's with W H Trethowan, orthopaedic surgeon to the Hospital, led to an appointment under Trethowan at the then Military Orthopaedic Hospital at Ducane Road, Hammersmith. He then held appointments as medical officer to Queen Mary's Hospital, Roehampton and as clinical assistant to the Hospital for Sick Children, Great Ormond Street and the London Lock Hospital. For a time he contemplated a career in surgery and especially after he was awarded honours in surgery at the MB, BS examination in 1922. He finally decided to enter general practice, was appointed partner to a practice at Epsom in 1927 and married Dorothy, a dispenser, in the same year. Later other Guy's men were appointed to this practice as partners and successors. Currently one of them H C (Howard) Evans (Guy's 1958) is the senior partner. Slim in build, skilled professionally and kind and caring by nature Graham Heckels became a highly esteemed medical practitioner in the Epsom district. At Epsom and Ewell Cottage Hospital, since replaced and of

which he was an ardent supporter, he was able to maintain his surgical interests by performing the operations that were then undertaken by general practitioners. He was also medical officer to Epsom College where both his sons went to school and carried the heavy load of his practice almost single-handed during the years of World War II. He maintained many close personal and professional relationships with members of the consultant staff at Guy's and their families, especially with R J (Bobby) Cann and A C (Author) Hampson. The recipe book, which is still extant, of Dorothy Heckels contains an entry for 'Conybeare's cheese puffs' and reflects the Heckels' friendship with Sir John Conybeare (Cony) also. In World War II when part of King's College Hospital was evacuated to hospitals in the Epsom area they struck up similar relationships with several members of the King's Staff. For 37 years Graham Heckels was medical officer to the Epsom Grand Stand Association and in this capacity reported for duty in morning dress on each Derby Day. Thereby he was an appropriate person to be a member of Our Club, Guy's oldest dining club, which since 1868 has held an annual dinner on the night before the Derby. At the time of his death he was the longest serving Fellow of the Medical Society of London and had been a member of the British Medical Association since 1928; he was elected a Fellow of the Royal Society of Medicine in 1921. His interests outside medicine included stamp-collecting and grandfather clocks, of which he had a fine collection. With his wife, he was an enthusiast for solving crossword puzzles and continued to tackle the Daily Telegraph quick crossword until four days prior to his death. He also made jigsaw puzzles, especially dur-



ing World War II when they were difficult to obtain, and sent them to needy children and those in hospital. Long a member of St Barnabas Church, Epsom, he shared with one of its vicars, the Revd Stuart Anderson both an interest in cricket and the distinction of being the last two men in Epsom to sport boaters (hard straw hats) in the summer months. A keen Rotarian he served as president of the club in Epsom and was an acknowledged authority on Rotary's constitution. In 1922 he was elected a liveryman of the Worshipful Company of Shipwrights and at the time of his death was the longest serving and oldest liveryman. He retired from general practice in 1960 and moved with his wife in 1970 to Norwich to live near their married daughter, Patricia. She trained and worked as a lady almoner at Guy's (1952-6) under Miss Addiscott and married a Guy's man, the author of this

tribute. A loyal Guy's man it was an irony of fate that on the day before Graham Heckels died the decision was made to close the Guy's Hospital as he had known it for over 80 years. He was fortunately by then too ill to appreciate the news or to read the newspaper headline in the Eastern Daily Press above an article reporting the decision that appeared on the ensuing day. On the day of his own death the headline read 'Guy's dies'. His wife, Dorothy, died in 1980 and he is survived by three children and three grandchildren. His body is buried with that of his wife in Epsom Cemetery. From their graveside may be seen on the skyline the stands of Epsom race-course that they both knew so well and which he served as its medical officer for so long.

Anthony Batty Shaw

## N U R S I N G N O T E S

### **PAY AND PERFORMANCE**

It is some time since I ventured, in this column, to discuss the one issue which affects all nursing staff. Looking back over the past year I note that I have covered topics around nursing relating to education, politics, health, practice, and have included much that is anecdotal; but our pay has not been mentioned.

Now that the pay review body has reported, and recommended a pay rise across the board of 3% from April 1st, it is time to take stock of the situation.

There are fears that the government is leaving the employing of authorities to find money, as it does not intend to allocate further resources to fund the rises. Nurses are naturally anxious that this will lead to a deterioration in the service they can offer, either by a cutback in the work done, or an increase in stress and workloads if the same is to be achieved with a diminished staff level.

Already, as the Royal College of Nursing, through a report conducted on its behalf by the Institute of Manpower Studies last year, has discovered growing absenteeism levels are linked to stress, through increased workloads, organisational change and job insecurity.

At the time of writing it is not clear whether each trust or management body is expected to honour the review's proposals. So far, individual performance targets have not been established, except for top grades. This may determine, in the future, what each nurse can expect, or is deemed worth. This is on the agenda, just as local pay deals are in the pipeline. When trusts were set up, it was thought likely that each could decide its own pay scales, although so far little has happened on this front.

It is difficult to foresee exactly how public workers and their employers are likely to react to different pay rate set on a geographical basis.

Certainly, we are all set to be paying larger chunks of our monthly salary to the government from April. Income tax, council tax, national insurance, VAT on fuel, and a host of other fiscal measures, are set to see the meagre take home pay of many nurses reduced still further.

So, from this point of view, nurses need their pay rise just to stay in the same position. But since so much of the deduction from pay is to refund past government borrowing, the chance of improvements look gloomy unless the recession really does fade away.

Performance related pay depends very much on the quantity of service offered. If

there is not enough money to pay the current number of nurses employed, then the easy answer is to reduce this number.

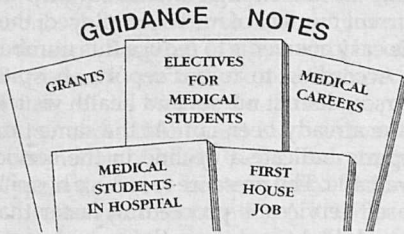
According to recent reports, hospital nurses, district nurses and health visitors have already been cut. At the same time reports indicate a decline in the service available. The pressure to reduce hospital based services is proceeding faster than the ability to replace them with community based services.

The employment at lower grades is one opportunity grasped by management as staff leave, retire or are made redundant. In some instances this may not be a bad thing. Skill mix has demonstrated that properly supervised unqualified staff can carry out many tasks formerly conducted only by trained staff.

This does lead, though, to the impression of a low-skill and low-paid economy. The argument that there are now too many managers is also a curious one. For years, some nurses have complained that paperwork took up too much of their time. But the moment more staff in the lower grade management scales are introduced, one hears complaints about this! Maybe folk are never happy unless they are grumbling.

Meanwhile, our own Trust still has to agree to pay us, and to announce whether it intends to employ the same number of nurses. Savings are forecast; and these savings may need to be greater than first suggested. Indeed, savings are set to be each successive year. So, if we are granted this immediate pecuniary advance, we must expect to be working harder for it!

**Denis Cobell.**



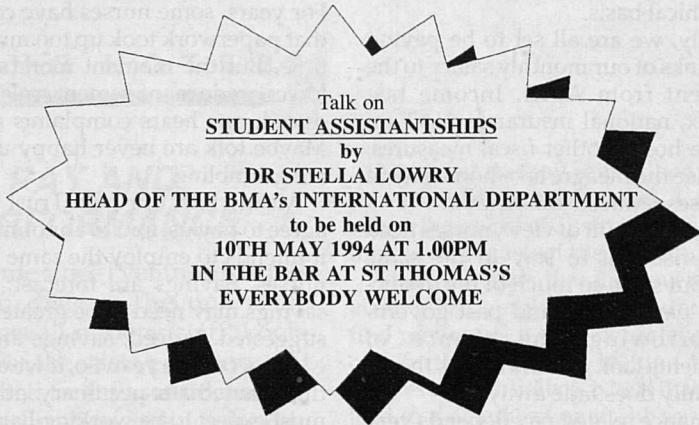
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ARCHER, Miss Hester Leanna  
BAGEGNI, Khalid Omar  
BAGGA, Pradeep Singh  
BEACH, Simon Robert  
BHANDERI, Sanjeev Lalji  
BHASIN, Miss Sunita  
BURKE, Gladstone Athlestone Ezra  
CASH, Alexandar Carrington  
CHAUDHRY, Shahid Iqbal  
CHOPRA, Shelli  
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Essays should be typed and of not more than 5,000 words. Three copies should be submitted to the Clerk to the Special Trustees, Guy's Hospital, London SE1 9RT. Please print ESSAY COMPETITION on the back of the sealed envelope, together with your name, in order that entries can be registered before being passed to the Trustees. Publication will be encouraged.

The competition is open to anyone associated with Guy's and St Thomas's Hospitals or UMDS. The closing date is 30th September 1994.

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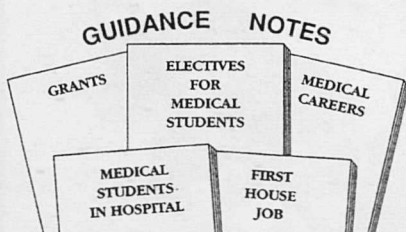


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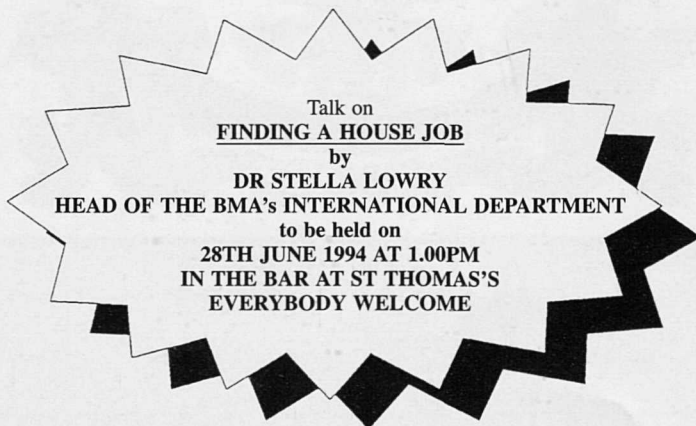
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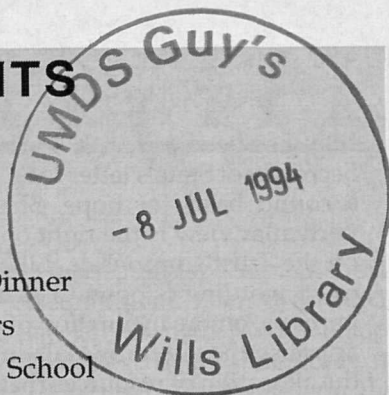
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## Guy's Gazette

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The opinions expressed are those of the authors and do not necessarily represent the views of the Hospital.

Volume 108 Number 2438 April 1994  
ISSN 0017-5870

Guy's Gazette, Boland House, Guy's Hospital, London SE1 9RT.  
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Printed by Hobbs the Printers of Southampton

## Passim

May has been a month of cautious optimism for Guy's Hospital. The Secretary of State's letter to Sally Keeble (p138, this issue) certainly gives a sound basis for hope. She 'remains open to persuasion that any particular view is the right one' and appears eager to receive comment on the Trust's proposals. Like so many replies given by politicians the exact wording is open to many different interpretations—dependant, perhaps, on the inclination of the reader. However, if the intention is to appraise the site proposals in a balanced and factual manner, seeking the allocation of resources that best serves the local community, medical research and healthcare as a whole, then the current plans for Guy's Hospital will not hold up. Basing medical research of the calibre for which Guy's is renowned on out-patient facilities alone is a novel idea. There is no precedent for its success and many reasons to be anxious about the detrimental effects of losing all in-patient facilities on the same site. The danger of jeopardising the work currently being undertaken by the Breast Unit, Renal Unit, Children's Hospital and more is reason enough for the current proposals to falter, let aside the simple fact that London, according to the expert opinion of Professor Jarman, needs more beds not less.

Recent days have also seen Philip Harris House being used—delivering the nature of care for which it was designed, if not to the community for which it was intended. The selective use of the intensive care facilities in Philip Harris House sends out a very confusing message. Presumably these facilities are amongst the finest world-wide and yet they have no place within the in-patient care facilities of the Guy's and St Thomas's Hospital Trust. The decision not to use the new unit has already cost dearly, with the reported resignation of Dr Bihari. It is to be hoped that the proposed changes to other research units are not affected as a similar loss of human resources out of England and the NHS is a worrying prospect.

A document circulated by the St Thomas's Medical Advisory Committee has labelled the Save Guy's campaign a 'close St Thomas's campaign'. This does not reflect the true reasons for wishing Guy's to remain a functional hospital. The campaign to save Guy's Hospital is based upon a desire to preserve what is best for South East London and healthcare as a whole. The general consensus is that this means keeping both St Thomas's and Guy's functional, not ablating one and ruining the other by the unhappy compression of vital facilities.

## ***Myopic bureaucracy***

Dear Sir,

I am saddened by plans to close the greater part of Guy's Hospital and Medical School after 170 years service to the local community and far beyond it. It is doubtful whether national relief can truly result from such piecemeal surgery.

Much more than large buildings and complex equipment will be swept away or left idle.

Medical and Surgical expertise will be removed from the Health Service, and dedicated men and women are likely to seek a different and less venturesome situation.

'The Borough' will stay much the same in character for the foreseeable future, its population is unlikely to lessen, but the ratio of hospital beds to potential patients satisfy a myopic bureaucracy.

The will to serve has always formed the ethos of Thomas Guy's Hospital as much in poverty as in years of plenty. The staff of many different clinical specialities and widely varied Medical School Departments together with nurses and the full range of auxiliary therapists have often been forced to make the

most of inadequate space and a shortage of equipment. Such determination has left its mark and will not easily be destroyed. The lives of many families have centred on the daily needs of the Hospital.

Benefactors have given generously, and the procedure has often been anonymous. But loyalty and feeling have been strong. It would be wrong to betray this trust.

The family doctors within the Health Service are often trained by Guy's men, and their standards set them apart from others. To lose this will diminish our national standards. It is evident that the contribution made by Guy's to medicine is irreplaceable. The health service is likely without it to be less efficient. The patient will suffer, and the state will not gain.

I hope that at this late stage Guy's will appeal to its many friends, and be saved by its merits.

Yours faithfully

J S BATCHELOR  
Flat 6  
330 Banbury Road  
Oxford  
OX2 7ED

### ***Save Guy's Campaign address***

*Postal enquiries and donations:*

Save Guy's Campaign  
PO Box 4016  
London SE1 9TG



## ***Gloomy reading***

Dear Sir

The last two issues of the *Gazette*, December-January 1993-4 and February 1994 make gloomy reading for Guy's men and women all over the world. From Richard Hughes's article (February 1994, page 58) it is clear that the recommendations of a prejudiced and biased St Thomas' dominated Trust Board upon which the Secretary of State for Health is acting, are not being accepted by the Guy's staff. It is hardly surprising that the former St Thomas' chief executive, Tim Matthews, should welcome the Secretary of State's announcement based on his Trust Boards own recommendations.

It is a relief to know that a campaign is being planned to save Guy's and that a judicial review is being sought provided that the decisions so far taken are not irrevocable.

Whilst agreeing with Brian Tudgay (February 1994, page 47) that Sir John Conybeare, were he alive today, would have taken a firm stand against the proposal to close Guy's, I take grave exception to the description of Cony as 'odious'. A more loveable man of the highest integrity, outspoken as he was on important issues, I have not known. To describe him otherwise is to confess ignorance of his real character.

Yours faithfully,

T L T LEWIS  
13 Copse Hill  
Wimbledon  
SW20 ONB

## **Soft, strong and...**

Dear Sir,

On my recent visit to my alma mater I remarked that the lot of students had changed for the worse. Imagine my surprise on visiting the Boland House toilets to find that the soft tissue which used to be purchased had been replaced by a hard slippery variety which reminded me more of my school lunch hours, rather than rekindling fond memories of nights spent in the bar. In these days of equality, perhaps not surprisingly, a female companion noted that the same change had been made in their toilets as well.

Presumably the students are now being prepared earlier for the realities of the NHS where luxuries such as soft toilet paper are being phased out but one does wonder if one of the highest paid NHS perineum in the country has to suffer the same indignity as those of the students?

Yours faithfully,

Salim Khakoo  
University Department of Medicine  
The Royal Free Hospital

## *Opportunity to benefit the Wills Library*

Dear Sir,

In 1970 or 1971 the Wills Library needed space and decided to disburden itself of a table which had been part of the original furniture. As it was too good to consign to a skip, which is where I was assured it was going, I persuaded one of my former colleagues Norman Bedow to take it to my home in Streatham on top of his van.

The table (see photo), which has endured three moves with me since, is 3 feet 6 inches square, 2 feet 5 inches high and solidly constructed in oak. The four turned tapering legs end in brass castors and are connected at low level by diagonal oak stretchers. This latter feature makes it cumbersome to manoeuvre through narrow openings. There are four drawers, arranged two and two, with period drop brass handles. A consequence of the drawer depth is that it can be awkward for tall adults to sit at and

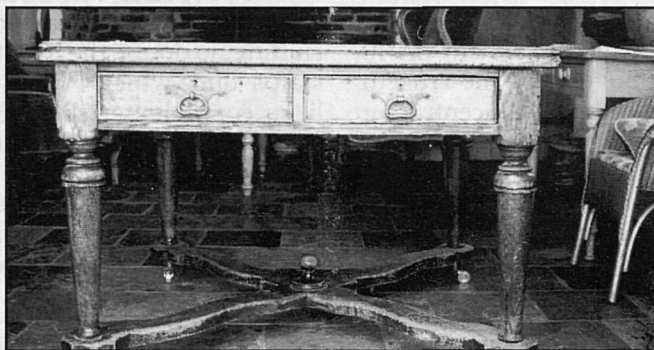
get their knees under but it is ideal for children.

Serious searchers after period authenticity will regret the lack of cigarette burns which formerly decorated its periphery.

Auctioneers tell me that it would fetch £200 to £250 as a late Victorian table. It occurs to me that a Guy's man or woman might like to own it as a memento to former reflection, meditation and rumination. If there's anyone out there who would like it, in return for a cheque payable to the Wills Library, they are welcome to telephone me on Lewes (0273) 475631.

Yours faithfully,

TONY TAMMAR  
134 High St  
Lewes  
East Sussex



## Save Guy's Campaign

### *The lady is for turning?*

*On the 10 May 1994 the following letter was faxed to Sally Keeble, Chair of the Southwark Community Health Council (CHC), from Virginia Bottomley, in response to a request for clarification of the Secretary of State for Health's statement, on 10 February 1994.*

Dear Ms Keeble,

Thank you for your letter of 19 April concerning the Guy's and St Thomas' Hospital Trust. I am sorry you have not had an earlier reply.

It is not the case that I have announced any decision to concentrate acute and specialist hospital services on the St Thomas' site instead of the Guy's site. No decisions have yet been made about the future configuration of services at Guy's or St Thomas'; nor, as you rightly say, can any decision be taken until detailed proposals have been formulated and consulted upon, and the responses to the consultation exercise have been considered.

As I said in my statement on 10 February, we have asked the Trust to pursue the question of concentrating acute and specialist services over time on the St Thomas' site and to formulate detailed proposals for the purpose. In conjunction with that work, I have also asked Sir Tim Chesells, Chairman of the London Implementation Group, to work with key local parties including King's College

London, the United Medical and Dental Schools and the Lewisham and Guy's Mental Health Trust to prepare related proposals for developing Guy's as the location for high quality local health services and as a major academic centre.

I can assure you that, once these proposals have been developed, they will be the subject of full public consultation in the normal way before any decisions are taken regarding the future of services at Guy's and St Thomas' Hospitals. I am sure that the consultation exercise will produce a wide range of comments on the Trust's proposals, as well as views as to the alternative arrangements—including, no doubt, the retention of the status quo—which respondents believe could better serve the health needs of South East London. We remain open to persuasion that any particular view is the right one, and look forward to the opportunity to evaluate all the responses before reaching a firm conclusion.

Yours sincerely,

Virginia Bottomley

The 'Save Guy's Campaign' have welcomed the letter, feeling that it recognises efforts to save clinical services at Guy's Hospital.

**Max Rendall**, a surgeon at Guy's and a co-ordinator of the Campaign:

*'This vindicates the decision of the Save Guy's Campaign to fight vigourously for the preservation of all patient services at Guy's. All staff and patients will welcome this decision that gives us a chance to make the case for Guy's.'*

Southwark and Bermondsey Liberal Democrat MP, **Simon Hughes**:

*'This is a huge step forward in the campaign to keep Guy's as a hospital the country and the world values and needs. We will spare no effort to ensure that we safeguard the future of both Guy's and St Thomas' Hospitals.'*

Dulwich Labour MP, **Tessa Jowell**:

*'The Government is on the run over London's Health services. Our new evidence will show how Londoners have been sold short.'*

Chislehurst Conservative MP, **Roger Sims**:

*'This opens the door to working for a realistic future for Guy's Hospital. It is a very welcome announcement by Virginia Bottomley.'*

Speaking for the SICK Campaign, **Coral Newell**:

*'We'll be breathing a small sign of relief, but no-one will be satisfied until we are completely guaranteed that Guy's is safe.'*



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## ***UMDS/King's Plan for Guy's Future Use***

When Virginia Bottomley made her announcement concerning the future disposition of NHS services across the Guy's and St Thomas' Trust, she also announced her intention to support the creation of a 'major new centre for teaching and research' at Guy's. A co-ordinating group was set up, consisting of Tim Chessells, Tim Matthews, Arthur Lucas (Principal of King's) and Cyril Chantler with senior officers from the HEFCE and SELHA, to attend as necessary.

Sir Tim Chessells has been given until the end of June to propose an implementation plan to the Secretary of State for Health. Two committees have been set up at UMDs. The first is to consider the allocation of clinical teaching and research space at Guy's and St Thomas'. The second is a joint committee with representatives from King's and UMDs looking at the possible configuration of a new pre-clinical school on the Guy's site.

Any queries or concerns that members of staff may have should be taken to the chairman of their division, who will be kept informed of the progress of these committees.

## ***Alzheimer's Awareness Week, 4-11 July 1994***

This Week, built around the theme 'Home Alone', will highlight the difficulties faced by dementia sufferers living on their own. The Society has conducted a nationwide survey of psycho-geriatricians to establish the extent of the problem. The findings will be included in a report published to coincide with Awareness Week. Also available will be the findings of a survey conducted among the readers of *She* magazine which focuses on modern attitudes to caring. A comprehensive database of carer case studies will be available to support all press material to be issued.

At present it is estimated that over 600,000 people--mostly over 65--suffer from Alzheimer's disease and other dementias and this figure is certain to rise sharply over the next thirty years as the elderly population increases.

Harry Cayton, executive director of the Alzheimer's Disease Society, is available for comment on all issues relating to Alzheimer's disease. Telephone 071 306 0606.

## ***The Inaugural SMEC/UMDS Awards Dinner***

The Inaugural SMEC/UMDS Awards Dinner took place in the Robens Suite on Friday 18 February. It was hoped that the instituting of an annual medical school dinner would reinforce the medical school's identity and help foster a sense of community, with mixing of faculty and students in an informal setting.

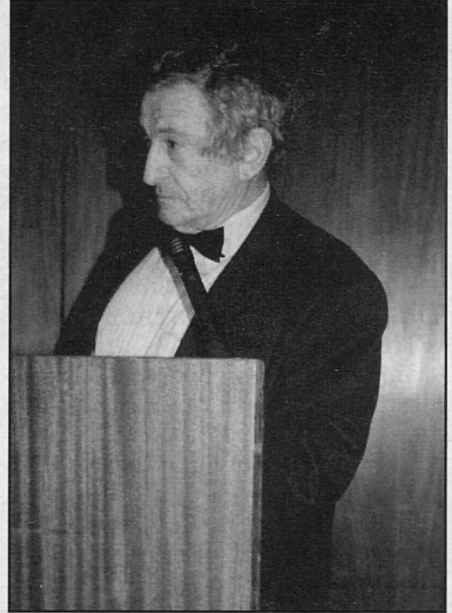
The guest speaker was Professor Harold Ellis, a confessed 'fresher' to UMDS, who proved to be a highly entertaining speaker, providing all those present with some memorable anecdotes about his experiences as a fresher in Oxford and as an examiner in anatomy.

Prizes were awarded to Dr Michael Hutchinson and Dr John Rees, Best Pre-Clinical and Clinical tutors respectively. There had been many nominations put forward by students and over 500 votes were registered. It was stressed that the prizes were not an academic audit but rather an appreciation of tutors who students felt had shown outstanding commitment to their teaching. Given the timing of the Dinner, a week on from the Secretary of State's announcement, Dr Rees's full Guy's attire, (including even cufflinks), was most apt and certainly appreciated.

Special prizes were also awarded by SMEC to Mr Omar Rahim (the outgoing SMEC Chairman) for his hard work during his term of office and also to Professor Cyril Chantler for all his efforts in securing a budget and fully equipped office for SMEC.

As organiser I would like to thank all the members of my team (Guy Sissons, Bill Spice, Alison Hunt, Masud Huq and Sonya Abrahams) who not only helped to make this first dinner a success but have laid the foundations of what I hope to be a long tradition.

Bhavneet Shergill  
SMEC representative



Prof Ellis delivering his speech

## *The SMEC/UMDS Dinner*

### **A cynic's view**

When the invitation to attend the inaugural SMEC/UMDS dinner (on payment of the rather reasonable sum of £10.00 of course) appeared in the Gazette letter box, my first reaction was not exactly one of eager anticipation. SMEC does have a slight image problem when it comes to older students at UMDS being viewed as at best ineffective, perhaps more cynically as mainly concerned with gaining individual cv brownie points. A stilted evening of SMEC self-congratulation and self-furtherment, interspersed with after-dinner speeches for light relief (?) was what I believed was in prospect--let alone the fact that my DMs would have to be left behind. However as such cynicism is neither becoming nor healthy I left the confines of the *Gazette* office and ventured forth.

And I was surprised! The evening was not nearly as awkward as I had feared. Staff and students mingled easily (helped by a cunning seating plan) and the atmosphere was certainly relaxed. The concept of an annual school dinner and the chance to converse with staff on matters other than pure academia was especially appreciated by the first years, who made up the majority of students present. One student aptly said, 'When all you see of staff is a remote figure in front of a lecture theatre of 150 or so students they are remote. It's nice to be able to see that they're human and to talk to them about things other than the beta-2 receptor. It makes you feel part of the school.'

The awards themselves were not nearly as shallow as I had feared--Dr Rees and Dr Hutchinson were certainly popular choices amongst those present. With such a large student body, few of whom see the same teachers in their clinical years, it is impossible to give an accurate and overall choice for 'Best Tutor'. Perhaps a wider range of awards and a better description of what aspects of tutorage gained merit (rather than the nebulous term 'outstanding commitment') would make the awards of more value--certainly more interesting. Maybe that way other tutors could gain pointers as to what students want and perhaps even consider altering certain aspects of their own style.

The evening ran smoothly, under the watchful co-ordination of Bav Shergill. The inevitable SMEC run-down of the year was thankfully concise and the acceptance speeches showed sincere appreciation of the awards. Prof Ellis certainly lived up to his reputation as a gifted after-dinner speaker--amusing all those present with his anecdotes. All in all a pleasant evening that the idea of which was certainly appreciated by the pre-clinical years and that looks set to herald a new tradition for UMDS.



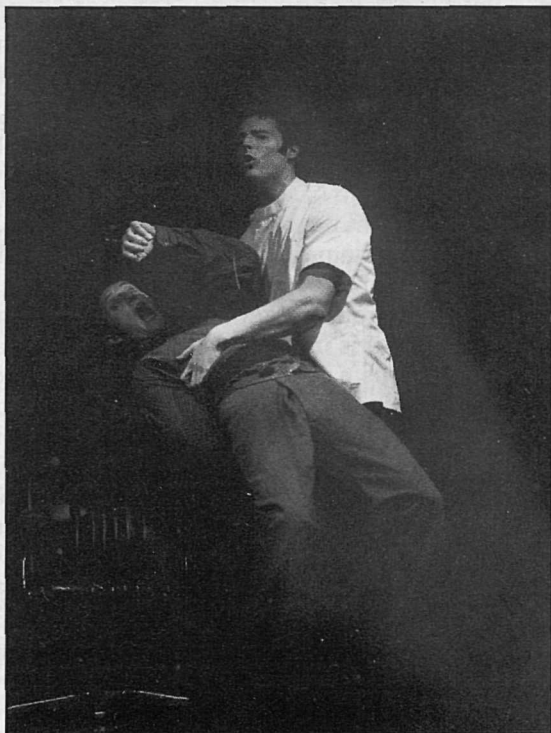
# Little Shop of Horrors

*A gruesome tour-de-force*

The latest tour-de-force from Neens and Willy Co-productions (the directing duo of Nina Sheldon and Will Norman---destined to take the West End by storm) enacted the gruesome drama of a bloodthirsty plant on the road to world domination, enslaving the hapless Seymour (J-P Carpenter) to its carnal purposes.

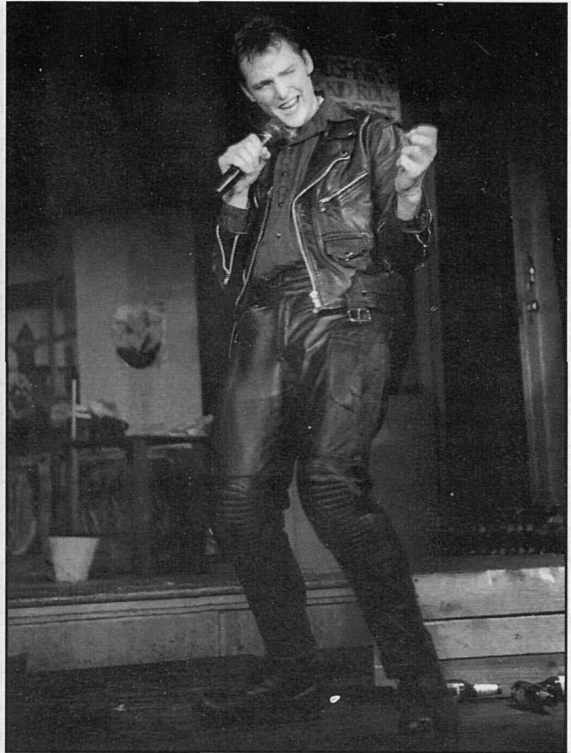
J-P, the man with green fingers--festooned with strips of sticking plaster from self-sacrificial nurturing of Audrey II--played the gangling dweeb to perfection. Rescued from the gutter by Mushnik (Richard Reast) and crammed (an awesome feat by wardrobe designer Arucha Anderson) into a costume obviously pre-dating his growth-spurt, he emerged from a lifetime behind the scenes massaging other people's sound (a role ably filled by David Gathercole; interspersed with a little Rave, man) to concoct some of his own noise. The duet by Mushnik & Son was delivered in inspired fashion.

The plant--voice of the suddenly stage-shy Will Norman and animation by Amin Karim--stole the show, under the transforming action of Will's hair restorer (refreshing the plants other hair restorers cannot reach). Seymour, driven to brutality



by insistent cajolings of the innocuous-looking hand puppet- 'Feed me Seymour; feed me NOW! Its SUPPERTIME--plied Audrey II with gory offerings. First Scrivello, then Mushnik, Audrey and Seymour himself disappeared without trace into the monstrous maw of the metamorphosed Audrey II, herded by sinisterly waving tentacles.

Nina (voice permanently elevated several octaves by the high-pitched strains of her performance, and flaunting a magnificent cleavage--courtesy of Seema Biswas' cunning artistry in the make-up department) was outstanding as the air-head, Audrey (Mark One). Abused by the sadistic Dr Scrivello (Justin



Rodgers) she found solace in an adoring Seymour. Justin, quiffed and attired in black leather straight out of 'Grease', gave a vocal rendition worthy of Elvis. Coerced into exchanging his PhD for a BDS he put his nefarious research abilities to evil use in the dentist's chair; brandishing an antique drill on temporary loan from the nineteenth floor of the Tower. The scene where he met his untimely end on a nitrous oxide high was superbly done.

The chorus girls (Simone Lester, Ellen Copson and Mo Roy as Chiffon, Crystal and Ronnette respectively and interchangeably) strolled babe-liciously through the show. Jim Shelley (Customer I / Patrick Martin) having recovered from the chagrin of missing his cue on the first night, once again proved himself the master of versatility and the three-line cameo. Jules Savage underwent rapid elevation up the social ladder in the cast stakes from Wino I to sleazy salesman (Skip-Snip / Bernstein); together with Sonya Abraham (Wino II / Customer II & Mrs Luce).

# G A Z E T T E

## F E A T U R E



The band (Horace, Brian Thursby-Pelham and Sunil Auplish) gave an accomplished performance under the virtuoso musical direction of pianist Garry Kung. P J Zolfaghari (assisted by Jim Morton, James Yassim, Vikram Varma and Texas Homecare) designed, constructed and slickly managed the set while Nicol Vaidya shed light on the scene.

Alas for J-P--coming to a sticky end on the last night when kidnapped during the interval in the cause of the Boat Club annual dinner (i.e. food fight) he returned to the stage liberally besmeared in mint creme bombes; one could just about hear the plant smacking its lips in the background...

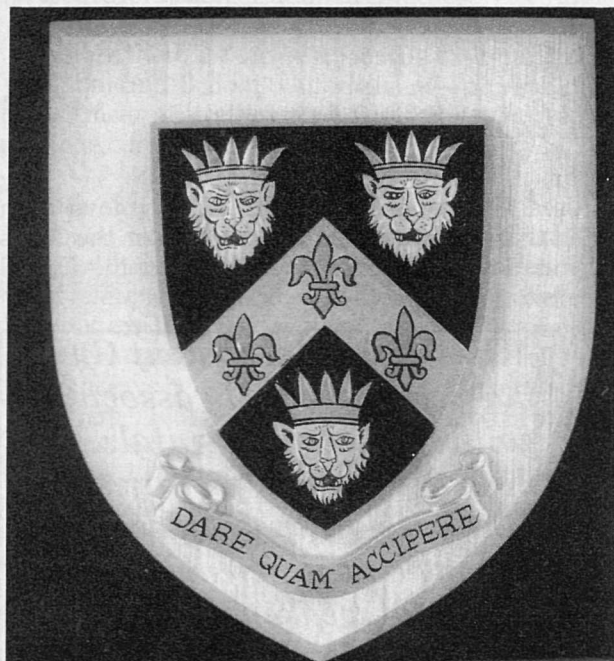
**RUTH SELWOOD**



# *Guy's Hospital*

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# Proposed changes at Guy's

## *Possible effects on the Dental Hospital and School*

**T**he Government proposes that inpatient services should move from Guy's to St Thomas' and that outpatients should continue on the Guy's site. This is the interpretation of a single site policy but the Dental Hospital and School at Guy's is to remain on the Guy's site.

The Dental Hospital at Guy's has been intimately associated with its mother hospital for the whole of its existence. Indeed it could be argued that its current position as the biggest and most highly rated Dental Hospital and School in the country owes much to this close association.

*'The Dental Hospital at Guy's has been intimately associated with its mother hospital... The loss of inpatient facilities and the possibility of all services being on a different campus would weaken the dental hospital'*

### **Increasing demand**

As a predominantly outpatient department responsible for over one third of the total outpatients of Guy's and St Thomas' Hospitals combined it is in an ideal position with regard to the excellence of its access to public transport via London Bridge mainline, bus and tube stations. There appears to be every evidence of increasing demand and no evidence of any decrease in demand for our wide range of services in the foreseeable future. Thus in contrast to many clinical services at Guy's, dental services should not be under threat of contracting because of reduced income. It should be emphasised that funding of a Dental Hospital is quite different from that in the main hospital. The Service Increment for Teaching (SIFT) is approximately 80% of the total funding of the Dental Schools where as only 15% for the Medical Schools. Thus only 20% of funding, or in the case of Guy's nearly 35%, is found from outside contracts.

It is of course the expected reduction in contract income from 240 to 180 million pounds for the Guy's and St Thomas' Trust which had led to the pressure for rationalisation of clinical services and to the current Government (but not Trust) proposal. Thus whether the inpatient services are on one or two sites, there should be no reason to diminish the size or scope of the Dental Hospital and School. Unfortunately, current financial arrangements in the Trust mean that all clinical directorates have had approximately equal percentage cut in their budgets.

### **Needs not formally considered**

Dental Hospitals were not formerly part of the Tomlinson Committee's remit although Sir Bernard did visit the Dental Hospital. There was only a brief reference to the Dental Hospital in the Secretary of State's announcement and none in the initial reply of the Trust. It is not obvious that the needs of the Dental Hospital and School have been carefully considered and this is important since we believe that the proposals as announced by the Secretary of State, if implemented, might have grave long term effects on the future of the Dental Hospital and School.

Although the public perception may be that dentistry and Dental School are limited to outpatient treatment of teeth, there is of course strong interdependence and interlinking of medicine and dentistry in the running of a Dental Hospital. This of course has been recognised in the Nuffield Report on dental education and more recently in the GDC review, both of which signal that the days of the stand-alone Dental Hospital and School are numbered. It is therefore ironic that the current proposals would inevitably seriously undermine the close association between the medical and dental hospital and leave the Dental Hospital isolated.

### **Current integrated approach threatened**

Inpatient facilities for oral surgery, paediatric dentistry and special needs and day care facilities are required for sedation and oral medicine patients. Currently joint clinics are run between oral surgery, ENT and radiotherapy on the head and neck clinic, between orthodontics and plastics with regard to the cleft palate service and between oral medicine, rheumatology, dermatology and gastroenterology. The Dental Hospital has an 18 bed ward (Patience ward) which currently handles the Dental Hospital inpatient needs. It is the view of the dental staff that having our own ward has contributed significantly to the services we offer and improved integrated care. Conversely the loss of inpatient facilities and the possibility of all services being on a different

would seriously undermine this approach and weaken the dental hospital. In effect it would mean that for the first time we would be operating on two campuses instead of one and could have serious effects on our teaching as well as the efficient delivery of patient care. Incidentally this result is the opposite of the aims of considering clinical services elsewhere. In addition we, like most outpatient departments within the hospital, depend on the crash team for the medical emergencies.

We therefore feel very committed to supporting the continuance of inpatient facilities at the Guy's site and of course the retention of our own. It is probable that a modification of the Trust's own plans of tertiary services at Guy's and general acute services at St Thomas' would meet our needs.

## **Beds below the national norm**

On a wider front the Jarman figures show that before the closure of Guy's, Hither Green, The Brook or Greenwich that both acute and total beds in South East Thames Region are already below the national norm. The case for closing either Guy's or St Thomas' at this time has not, in our view, been made and the retention of clinical services at both sites in the manner suggested above, offer in our view the best long term solution to rationalisation of services in a logical and sensible response to need and, more importantly from the Dental Hospital and School point of view, secures the clinical base on which we have built our reputation and which we hope to extend upon in the future.

**S J CHALLACOMBE**

Professor of Oral Medicine  
Chairman of the Dental Hospital Committee

# *Guy's Hospital Biennial Dinner*

*Friday 7th October 1994  
7pm for 7.30 pm  
The New Connaught Rooms  
Great Queen Street  
London WC2B 5DA*

*Can I take this opportunity to remind all readers about the 1994 Guy's Hospital Biennial to be held on the first Friday in October, as usual. Further details will be announced later, but anyone wishing to attend should contact Mrs Barbara Ingarfield in the Medical Director's Office at Guy's Hospital on 071 955 4169.*



# Marching to Save Guy's

*Consultants out in force*

St Thomas Street was seething. Crackles from the loud-hailer, denouncing the decision to close Guy's and inciting the crowd to action, echoed round the grounds. Medics loitered on their lunch break. Banners flaunted aloft, under the auspices of the main nursing unions and inevitably the ever-present Socialist Worker brigade, jumping on the latest band-wagon, proclaimed the absurdity of frittering away this country's NHS. Interestingly many had torn the 'Socialist Worker' strips from their placards.

Events proceeded in a civilised and dignified manner, under the watchful eye of a minor police presence—earlier spotted lounging in the Spit, helmets on table, in anticipation of action. (A minor fracas later ensued round the back of the hospital as the march finally moved off and circuited the block at a leisurely pace.) The consultants were out in force. Richard Hughes conversed earnestly with newsmen. Dr Bihari mounted the podium and wielded his disbelief. Simon Hughes, MP for Southwark and champion of the cause, gave an inspiring performance through the loud-hailer. Later moving amongst the crowd he gave us the concerned and caring face of the MP fighting tooth and nail for his community. Harriet Harmon, Labour MP, lent her support. Union shop stewards plugged the staff angle. Predictably Socialist Worker militants blighted the atmosphere with wanton cries of 'Smash the Tories' and 'Occupy the building'. Little old ladies and gentlemen lined the barriers, affronted beyond measure by the closure of a hospital which had provided them with a lifetime of inpatient and outpatient service. A few experienced campaigners, fresh from 'Saving UCH' looked on with a knowing eye; one elderly and determined character sporting campaign badges from head to toe, representative of every London hospital north of St Georges' on which Mrs Bottomley's beneficence has at some point been bestowed.

It was a well-attended and peaceable effort which made the Six o'clock News and London Tonight; lending the 'Save Guy's' campaign something of the high profile it needs.

RUTH SELWOOD

Photofeature by JAMES BROWN



GAZETTE  
FEATURE







## THE 407 ART CLUB

*Christmas exhibition 1993*

**T**he 407 mounted yet another memorable exhibition in mid-December. It is difficult to recall how long the art club has been arranging these shows, but it must be at least 15 years. Some of the original exhibitors' styles, featured in this most recent display, have changed little with time. All of the work was of a high standard and if originality was sometimes lacking, the exhibition provided a welcome splash of colour and gaiety in an increasingly bleak hospital landscape.

Meg Dinkeldein, a relative newcomer to the group, showed only one painting on this occasion. It was a detailed watercolour of Central Park, New York, the trees dressed in autumn colours. This was executed with fine draughtsmanship and a restrained palette. An outstanding contribution.

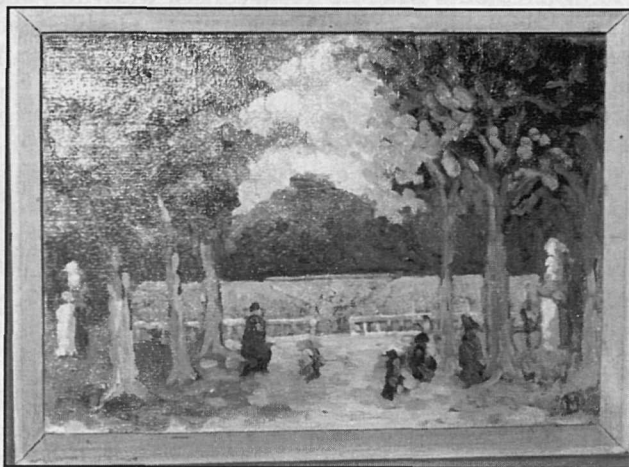
Watercolours predominated amongst the stands, nicely balanced by Jane Gibson's display of ceramics. She has recently been creating her work in primitive kilns fired by paper and sawdust. The subsequent smoke and crackle effects on many of her bottles and pots were striking. Rings of coloured glaze were achieved by draping the unfired pots with glass bangles from Pakistan.



*Pots by Jane Gibson*

Her husband, Terence Gibson, showed eight watercolours of scenes in India and Pakistan. These were unsophisticated examples of English topography, with reliance on ochre foregrounds, dark shadow and cloudless blue skies for their effect.

The only exhibitor to show pictures in more than one medium was Maurice Lessof. There were two large pastel pictures, one of a reclining nude, the other of a figure at a window. The latter was the more successful work, using light colour and design to create a still, enigmatic scene. His third picture was of a woodland scene entitled 'Giverney'.



*Giverney by Maurice Lessof*

The Knight family was represented again. Marion Knight entered a charming watercolour entitled 'Blie Gate, Skiathos'. This was an ambitious picture conveying summer and sunshine without extravagant use of colour. Gavin Knight's picture of a cafe scene combined skilled drawing of figures and surround to produce a pleasing composition.

One of the older hands, Matteo Adinolfi, showed four pictures which departed from his usual collage technique. These were small, brightly coloured, semi-abstract works in acrylic, with emphasis on horizontal patterns evocative of distant landscapes.

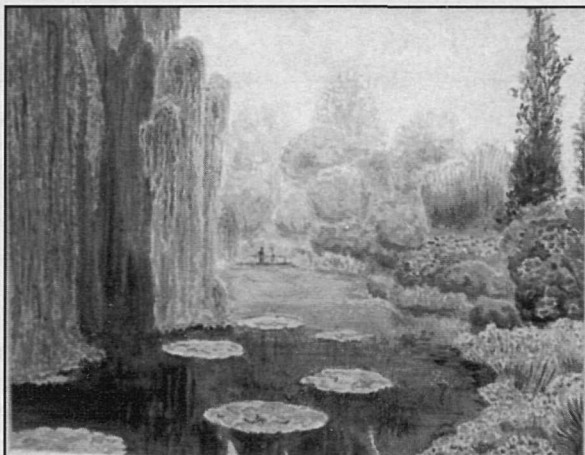
William Mann is another painter who has exhibited with the 407 Club since its inception. In retirement he has become prolific and more accomplished although he denies both claims. His two oil paintings were distinctive. One entitled the 'Western Ocean' was a stormy seascape with a small warship. The other was a more elegant scene of 'The Garden of Fountains, Nimes'. These made a nice contrast, mounted adjacent to each other.

The only etchings in the exhibition were provided by Cedric Mins. These were a nicely executed series with the theme of death and burial. It is no surprise that Prof Mins is currently researching, and is soon to publish, a book on the same topic.

We return to watercolours with the fresh, concise drawings and washes of Roy Spector. There were four examples of his work, all different in topic. A study of 'Sweet Peas' and the glimpse of 'Moscow' attracted attention and favorable comment.

Finally, a solitary oil by Clare Walford, better known for her oil paintings of Guy's Hospital (now available as cards from the *Gazette* office). The picture was of a red sports car, owned by her boyfriend and painted as a Christmas gift. It must have been well received because she returned to the hospital, after the holiday, engaged to be married.

The next 407 exhibition will probably be in the summer. This is not an exclusive club and anybody with hospital connections would be welcomed as an exhibitor. Further information from Dr T Gibson, Shepherds House, Guy's Hospital, (Tel 071-955-4310).



*The Garden fountains, Nimes by William Mann*

## *Save It --Casualty in Krisis*

### *Support the SICK Campaign*

The Secretary of State for Health, Virginia Bottomley MP announced in a statement, in the House of Commons on the 10th February 1994, entitled 'Health Services (London)', that the services currently provided at Guy's and St Thomas' Hospitals would be combined on a single site, St Thomas' Hospital.

Arising out of that announcement, a number of local people and organisations got together to form the SICK CAMPAIGN. The object is to organise support, at all levels of the Community, both locally and nationally, to fight for the retention of Guy's Hospital, and the services it provides. Guy's Hospital has a world-wide reputation. John Major is on record as referring to it as the FLAGSHIP Hospital of the National Health Service.

We are mindful that over the last decade the number of bed losses throughout the country, and in London in particular, has brought the National Health Service to crisis level. With the closure of Guy's and Dulwich, which is earmarked for closure in 1996, there will be no accident and emergency or general hospital in the whole of the Borough of Southwark. Indeed, the only remaining hospital will be the Maudsley.

**CORAL NEWALL**, Chair of the SICK CAMPAIGN states:

*I want to make it perfectly clear that we are not campaigning to save Guy's at the expense of closing any other hospital in London, or the country, for that matter. We firmly believe that constant, and successive cuts have brought us to a dangerously low level of hospital provision in the Capital. We are campaigning, not just to maintain the status quo, but for improved services with increased allocation of resources.*

*We are aware that there may well be areas of duplication of a small number of services; however, we are not prepared to enter into discussions on the configuration of those services until we are satisfied that the future of Guy's Hospital is secure.*

FOR FURTHER INFORMATION PLEASE CONTACT.

The Campaign Office

Boermund Community Centre

Abbey Street

LONDON SE1

Telephone Number: 071 237 9313



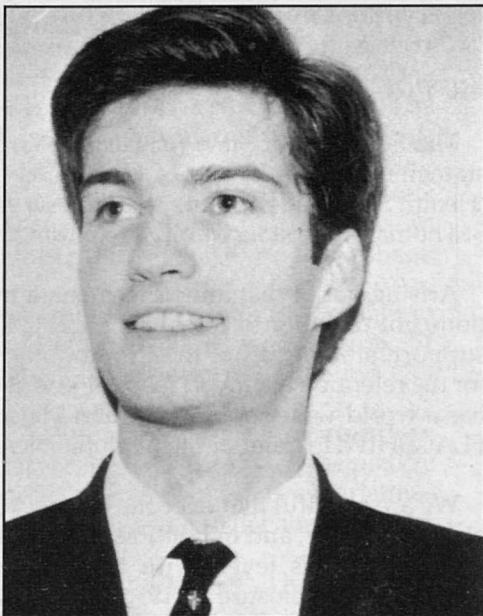
## **Dr Christopher Aitken**

*We have all been shattered by the sudden death of Christopher who was involved in a tragic accident on 21 February 1994 at the age of 25. He was born in London.*

Chris did outstandingly well at school, winning a Foundation Scholarship at St Paul's where he studied classics before concentrating on science subjects. He took his A-levels at 16 and so was among the youngest of his year at Caius College where he spent three happy years entering fully into college life with his infectious enthusiasm.

He related well to everyone and was the kind of person to whom people turned to for help. He was a good listener and a most hospitable host. His friends found him the most motivated medical student. He always saw the bright side and was not given to moaning. If a situation was irritating, then he would rearrange things to remove the offending lesion. One of the time-wasters of junior staff is finding various pieces of equipment on each ward. Instead of moaning, Chris had a creative solution—he carried a briefcase with all the necessary bits and pieces and particularly useful at cardiac arrests. His supportive role was also enduring.

He was rightfully popular with the students of whom he took great care, showing them how to look after the patients in the best possible way. Of course he was also supportive of his colleagues and his seniors. On the telephone in the early hours of the morning he would still be full of charm and consideration and would deliver bad



news in a careful and thoughtful way. He was altogether an extraordinary, supportive friend.

He was a surgeon-lieutenant in the Royal Naval Reserve. With the possibility of serving in the Gulf he started to learn some Arabic, concentrating on questions such as, 'How much is your camel?' and 'Instead of shooting me, take me to your leader.'

One of the doctors with whom he worked as house physician said, 'I could not imagine a better colleague. Chris was wonderful with his patients and an excellent clinician and had a superb questioning mind. One of his favourite phrases was, 'What is the evidence for...?' He would go back to the literature to try and decide on appropriate clinical management rather than follow a recipe

book approach. Chris's questioning approach had an invigorating effect on any group of people he was with. He was always prepared to try something new. I can remember suggesting an improvement on the way emergency work was handled at Lewisham and he was immediately eager to try it out. With approval from the hospital, we tested it and it has now been incorporated into the hospital rota.'

When he was a House Surgeon he was taken through a laparoscopic cholecystectomy which he did with great panache. It was amazing to see somebody taking so quickly to such a new technique. He knew early on in his career that he wanted to be a surgeon and indeed his grandfather, who is 92, was a President of the Royal College of Surgeons of Edinburgh.

He was enjoying being a demonstrator of anatomy at Guy's and was preparing to take the first part of the FRS examination. I never had any doubt that he would have made an excellent surgeon. He was really a physician with the additional skill of surgery.

Our sympathy goes out to his parents and sister who are bearing his loss with great fortitude. His sister is a senior house officer on a medical rotation.

**Ian McColl**

## **Brian Johnson**

*Brian Johnson died at peace in the Leicester LOROS Hospice he did so much to create.*

Qualifying in 1940 he joined the RAF, serving for the duration of the War. Thereafter, having secured the Diploma in Anaesthetics, he was appointed to the Orpington War Memorial Hospital, where he was also Deputy Medical Superintendent. In 1947, obtaining the FFARCS, he became Consultant Anaesthetist to the Leicester Royal Infirmary and the Melton Mowbray Hospital, until his retirement in 1962.

He was a magistrate and a member of the Leicester Area Health Authority becoming the vice-chairman until retirement as an associate member. He was chairman of the house committee of LOROS and a member of the medical committee of the Sue Ryder Hospice at Staunton Harold.

A born and devout Catholic who managed to befriend a lapsed Calvinistic Methodist for 60 years and a close friend and professional colleague for 20 years, I will remember him for his company, loyalty and humour. For the Astrakhan collar of his overcoat, the black Homburg, the stiff white collar. For his powers of mimicry, especially of the Irish and particularly of that Dickensian Guy's character Tubby Layton. For his after dinner speeches and for his throaty tenor rendering of past Guy's Hospital Operatic Society excerpts.

God rest his soul. On behalf of his many friends we offer our sincere sympathy to the family.

**John C Jenkins**

## **Eric John Dalling**

*Eric John Dalling, MBE, TD, FDSRCS, HDD, passed away peacefully in his sleep on 4th October 1993 at the age of 87.*

Eric was born and grew up in the Brighton area and was educated at Brighton Grammar School. Following a short apprenticeship to a dental practitioner in Brighton, he enrolled as a Dental Student at Guy's Hospital. After graduation he was appointed as Dental House Officer to Bristol Royal Infirmary and subsequently practised in Brighton; also finding time to pass the Higher Dental Diploma.

At the outbreak of the Second World War Eric was attending a Maxillofacial course in Sweden. He returned to England poste-haste, and being a gunner in the Territorial Army was called up immediately. However, his skills as a qualified Dental Surgeon took precedence and he was transferred to the Dental Corps at Aldershot. He was immediately posted to a Plastic and Maxillofacial unit; destined for the Middle East. After an unproductive spell camped in the middle of Aintree Racecourse, during which time he and his colleagues got upto untold mischief (including soaking paper in oil and floating it down the water gully that ran under the officers' latrine, on which two prominent senior officers were enthroned)

Eventually the Unit embarked on the voyage around the Cape of Good

Hope to Egypt. Eric and his surgical colleagues had been allocated dormitory accommodation while an arrogant regular officer, despising 'hostilities only amateurs' had obtained for himself a single cabin. To get even, Eric persuaded this officer there were not enough lifeboats for all on board should the ship be torpedoed, and that he, Eric, was going to take with him an inflatable aircraft raft 'in case'. The officer, not to be outdone, immediately went ashore and obtained such a raft which he stowed in his cabin. Eric and another conspirator then went to the cabin and pulled the cord, inflating the raft. The officer returned to discover he could not open the door to his cabin; and had to spend the rest of the voyage in the dormitory, deprived of the personal comforts he had obtained for himself.

Once they had arrived in Egypt, Eric was posted to Number Eight Military General Hospital in Cairo, and set about organising the Number One Mobile Maxillofacial Unit that was to become part of a forward Field Hospital. Equipment was meagre; and much needed supplies were 'liberated' from various sources. During the long North African campaign Eric treated many hundreds of facial injuries, often inventing procedures as he went along. He took a large number of black and white photographs of many of his cases, regrettably later lost. Metal cap splints were fre-

quently used for the more complicated cases, even in the tented field hospital, but the methods of construction were primitive in the extreme; investment material was often made up from plaster of Paris and desert sand. There were no furnaces or centrifugal casting machines at that time, the blow torch and the 'bucket and chain' being the only equipment available. Nevertheless results were remarkable and numerous veterans owe a functional masti-catory apparatus to Eric's skill.

When the Middle Eastern campaign ended the Unit was divided, and the mobile half, with Eric, (now promoted to the rank of Major) and Sir Reginald Murley, was deployed to the Italian theatre of war, first in Sicily and later on the mainland.

He remained with the unit for the duration, receiving the MBE and the Territorial Decoration (TD) in recognition of service. Sadly, during this period Eric's first marriage ended and he had to bear the trauma of divorce proceedings; though happily obtaining the custody of his two daughters. In 1947 he married Nell, a Queen Alexandra's Royal Army Nurse, whom he had met during his time in Cairo. Nell, possessing similar qualities of kindness and understanding to Eric, became more than a stepmother to his children, and was always a source of strength and support for Eric.

After his demobilisation in 1946 Eric had moved to Hillingdon and then to Rookesdown House near Basingstoke. There he was associated with Sir Harold Gillies, its director, and the late John Barron. (John had also had an adventurous war having been parachuted behind the German lines in Yugoslavia to administer plastic surgery to Tito's partisans.) Eric soon made his mark at Rookesdown House and held the esteem of his colleagues, not only for his surgical ability but for his humour and humanity. He is affectionately remembered by those who worked with him then, among them Rowe and Killey, then Senior Registrar and Registrar respectively.

In 1949 an American Military Hospital, built at Odstock in Wiltshire to treat D-Day wounded, and vacated in 1946, had been acquired by the National Health Service and John Barron was asked to set up a regional plastic surgery centre including an oral surgical department. Eric joined him, and from inauspicious beginnings in derelict buildings they built up a successful Plastic Surgery Centre; which included a burns facility under the late James Ellsworth Laing. Eric persuaded the Regional Board of the necessity for training young dental surgeons for the future. Consequently a resident registrar post was created, which I had the good fortune to be appointed to in 1956; and thus



commenced a happy association with Eric which lasted until his death.

In the early sixties when the devolution of Oral Surgery from the Regional Plastic Centres was gaining momentum following the Platt Report, The Wessex Board asked Eric, together with Gordon Dixon and Stuart Mead from Portsmouth, to review regional dental and orthodontic services. They advised Portsmouth should have a consultant-led department. Eric was already well known in Portsmouth as he had held regular weekly out-patient clinics at the old Royal Portsmouth Hospital and was appointed to the first consultants'hip in 1962.

Under his direction and with the co-operation of Gordon Dickson, the Dental and Oral Surgery Department went from strength to strength. Eric soon gained and held the respect of all associated with it. In 1963 I joined Eric as Senior Hospital Dental Officer, and am proud to have been associated with him in the development of a Department that became renowned for its standard of treatment and teaching. He retired from that post in 1970.

Eric was one of the earliest fellows of the British Association of Oral Surgeons, and was a stout advocate of Maxillofacial Surgery being primarily a Dental-based speciality. He was a member of the Odontological Section of the Royal Society of Medicine,

and a Member of the British Dental Association.

Following retirement Eric joined the Highbury College of Technology in Portsmouth part-time to help train Dental Surgery Assistants, doing much to improve the quality and content of the course.

Eric was a capable and sympathetic surgeon as well as being a first-class teacher. The welfare of his patients was always his foremost consideration. He would never hesitate to give a junior a tongue lashing if their work was sub-standard, but would then take that individual for a beer after work--although woe betide him if he made the same mistake again. Being a modest man who never boasted of his own achievements, he would not hesitate to dispel others' inflated opinions of themselves with some characteristically humorous observation. He had a wonderfully understanding relationship with all hospital staff, always commanding their respect. He was unstinting in his help and advice, professionally and personally. I owe him a great deal, for not only teaching me my craft, but also instilling into me patience, consideration, and understanding of others' viewpoints; teachings I tried to observe during my own professional career. He was an able administrator and had the ability to persuade management to provide necessary staff and equipment even when administrators were

adamant. He worked tirelessly for the Department and for Dentistry. He disliked incompetence and especially obduracy where obvious mistakes were denied, but was always ready to admit his own errors. Although he never personally experienced it, he was critical of the modern management system, and he was saddened to see the spirit of the NHS and the enthusiasm of those working it being eroded by business managerial concepts and financial considerations. While recognising the importance of keeping to a budget, he felt it should be of secondary importance to clinical priorities and patient welfare.

Eric was a man of many interests outside his profession. He was a keen yachtsman, caravanner and nature lover. Later he rediscovered photography, and under the tutelage of Heather Angel, a prominent naturalist photographer, and his colleague Gordon Dickson, became a competent specialist photographer of wild

orchids. He would combine his caravanning with exploring for beautiful and rare plants in this country and on the continent. He was a great family man who loved his home and his two daughters; and a charming and generous host. Christmas Eve was always 'open house' to his resident junior staff when he knew that there would only be meagre food available in the mess.

Eric was a gentleman in the true sense of the word, a loyal and staunch friend, a loving father and husband. He will be sadly missed, but be remembered with great affection by his friends and past junior staff whose lives he undoubtedly enriched. He is survived by his wife Nell and his daughters Elizabeth and Jane and his grandchildren, to whom go condolences and deepest sympathy.

**Alex Bird**

**BALL 94**



**SUMMER**

## ATTRACTIONS

### FUNFAIR

CAROUSEL  
DODGEMS  
BIG WHEEL  
SIDE-SHOWS

### AMUSEMENTS

BUCKING BRONCO  
SURF MACHINE  
CASINO (WITH PRIZES)  
ALL NIGHT DISCO WITH ROTATING GUEST DJ's  
LATE NIGHT BLOCKBUSTER MOVIES (All seats back row...)

### ENTERTAINMENTS

STRING QUARTET  
JENNY ECLAIR

"Hilariously anarchic, amoral, ear-burning comedy - very, very funny" The INDEPENDENT  
"I laughed 'till I wet myself"

OWEN O'NEILL

The PRE-CLINICAL DEAN  
"Even better than the real thing"  
Freddie (dec.)

CLOSET QUEEN

STRUCK OFF  
AND DIE

Internationally acclaimed medical comedy duo, featured on TV and radio. Trained in G&T.  
"6½ feet and full of wind" - As seen on TV and also featured in VIZ.

Mr METHANE

DANGEROUS  
DAVE FLAME

Warning - This act could damage your health. Toured with the Moscow State Circus.

CANE

Sunil, Tom, Nick and Hugo pay their tribute to Kurt Cobain - Man.

"Huh-Huh-Huh" BEAVIS AND BUTT-HEAD.

UZI SUICIDAL  
PENGUINS

Novelty act including penguins killing themselves with 9mm automatic machine pistols - "I LIED!" The TERMINATOR

### GASTRONOMY

M & S PICNIC MEAL inc. squirry cream.  
WINE WITH MEAL  
CHOICE OF FOUR BARS

ARCHER'S PEACH SCHNAPPS Promotion inc. treasure hunt (great prizes to be won)

*GUARANTEED COACH TRAVEL WITH FIRST HUNDRED TICKETS SOLD*

**SATURDAY 2nd JULY 1994 COBHAM SPORTS GROUND**  
**DOUBLE TICKET £90**



## ***The fate of Guy's***

I am sure many nurses who read this, and trained at Guy's, wonder really what is going on at their alma mater since Virginia Bottomley announced the decision to concentrate acute services at St Thomas' Hospital, rather than at Guy's. All right, the hospital is for patients, that is important and their voice has been heard. OK, doctors are also important, and a lot has been heard from them. But, what about the nurses, who represent the single largest group of employees? Not a lot has been heard from them. Why?

Well, there is no single leader at Guy's in the nursing profession, who does not owe some allegiance to St Thomas' as well. In such a situation they are extremely wary of either showing their loyalty, or in many cases of possessing any specific inter-

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***What about nurses, who represent the single largest group of employees...not a lot has been heard from them...Why?***

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est in the Guy's cause. Matron went long ago, and the successor is already in dual command. Most nurses were happy when Wilma MacPherson was appointed Chief Nurse to the G and T

Trust from last April, especially when many other key posts were offered to former St Thomas' officials. But of

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***The Nightingale institute embraces Guy's, Thomas', Kings and Bromley and has become a lost cause when it comes to individual loyalty***

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course Wilma did not train or work here before joining Guy's in 1991.

The other person, who in former days might have been a 'voice' for Guy's, would have been the Principal Sister Tutor, or Head of the School of Nursing, under whatever title. Nowadays as readers must know, there is no such post. Brysson-Whyte has died and her position is dead. Indeed the School, now known as the Nightingale Institute, embraces Guy's, Thomas', Kings and Bromley, and has therefore already become a lost cause when it comes to individual loyalty to Guy's. So, dear reader, student nurses in days of yore, the reason why there is so little heard from nurses must be plain to all. The carpet had already been pulled from under our feet!

As regards the broader campaign to 'Save Guy's', readers of this journal will need little reminding that one

million signatures and funds of a similar nature are sought so that proper local hospital care may continue to be available to residents in

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*Much has been made of  
too many centres of  
excellence...but will we  
find that once the centres  
have gone then the  
excellence has also  
followed*

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the poorer parts of London, just as it is offered locally to the House of Lords, the House of Commons and Buckingham Palace, from St Thomas'. The Secretary of State herself stated that Guy's 'will continue to provide hospital services, targeted on the needs of local people,' but in the same breath announces the closure of A and E! Where does that leave these promises?

Guy's was established by Thomas Guy for those patients whom St Thomas' was unable to accommodate. What hospital is going to cater for the care of those who cannot easily reach St Thomas' now? Many words have been printed about the need for 'rationalisation' and the waste of resources, because too many 'centres of excellence' were at the centre; but will we find that once the centres have gone, then the excellence has also fol-

lowed, like the proverbial baby going with the bath-water-- down the drain.

Many reports have concentrated on why Guy's lost out. One of the most illuminating was written by the Secretary of State for Health, Virginia Bottomley, herself. I quote from her, not a report, as printed in the Sunday Express 20 February 1994, 'Look at a map of hospitals of inner London today and you won't find it very different from the map in 1902.' Well, well! I don't think Mrs B could have scored high in map reading when studying geography. What about St Olave's, New Cross, St John's, the Miller, Royal Eye and Evelina hospitals. And that's only the names I can recall without looking at a map. Maybe I could make a better job of it than Mrs B after all?

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*Unfortunately too many  
people have vested  
interests in keeping their  
mouths shut or have  
found pastures more  
prosperous elsewhere*

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Unfortunately, and additionally, too many people who work within the Trust have either a vested interest in keeping their mouths shut, or have found pastures new and more prosperous elsewhere. There may have been some prima donnas in the nurs-

ing and medical fields at Guy's, whose names may have been more worthy than their practice, but it is not only Guy's and its locals, which have lost out, but in instances the nation has lost the services of some of medicine and nursing's finest practitioners.

In the climate of greyness which 1994 presents it is difficult to be opti-

mistic but it is equally sad to note ostrich-like behaviour of some colleagues. What a shame. Perhaps that's the trouble—Guy's has been the gentleman while St Thomas' has been the player. And it is plain to see where this match has led.

Denis Cobell

## GAZETTE SPORT

### *Rugby*

#### *Hospitals' Cup Match report*

**Guy's 1st XV v The Royal Free. 18th January 1994. Honor Oak Park.**

Hospitals' Cup rugby is always special and, in front of a large and enthusiastic crowd, complete with bagpipes, Guy's began their 1994 Campaign. Playing with the wind, the forwards showed good ball control, but the earlier line-outs were going to Royal Free. Close control took Guy's, playing with the wind, all the way down the field, and an early penalty for offside was converted by Lewis to put Guy's 3-0 ahead. However, straight from kick-off, the referee spotted an infringement and an ominously good kick from the Royal Free kicker levelled the score at 3-all. Early pressure by Guy's

resulted in three more penalty kicks against the Royal Free but, unfortunately, Lewis was not successful with any of them. At this stage, the Royal Free were giving away penalties with gay abandon and preventing Guy's from gaining good use of the ball, until at last Lewis converted a penalty to make the score 6-3. However, the talent of Rosier on the left wing was ignored for the first twenty minutes. In fact, the first time that he was given the ball he made a searing run down the left touchline, handed on to Docker who passed inside to Neil Davies coming up from full back who scored in the corner. The try was unconverted. Two further penalties converted by Lewis left the score at 14 points to 3. The pack continued to control the ball, but three times rolling mauls which should have resulted in tries got close to the

line but the last pass was knocked on. However, it promised to be an interesting battle in the second half with the Guy's side now playing into the wind.

The second half started with some pressure from the Royal Free kicking long, but a penalty was missed and Guy's drove back up the field. A break by Docker almost put Breeze away in the corner, but the ball was knocked down and Lewis kicked the resulting the resulting penalty—17-3. A further penalty by the Royal Free stand-off awarded after an infringement on the ground by the Guy's back row left the score 17-6. Several good drives by the Royal Free forwards were being well-contained and not much ground was gained. The try that Guy's had been waiting for eventually came when, after a series of attacking moves, and good defence from the Royal Free, Vince chipped over the defence line from around 10 yards out and won the race for the touch-down. This left the score 22-6. After a series of very good raids by the forwards, Lewis jinked his way over, for the final try and a final score of 27-6.

This was a good all round team performance, especially the forwards who controlled the ball throughout. It would have been nice, however, to see the backs attempting some straight ball without complicated moves in the centre, in order to give the two fast wingers a run. We move

on to play the holders, Charing Cross, and perhaps we will see a demonstration then.

Team: N Davis, R Breeze, A Jones, S Lewis, E Rosier, Vince Gradilas, G Tsolkiades, A Mislen, A Hieatt, E Barrio, B Challacombe, G Ryan, R Llewellyn, W Llewellyn.

### *Match report*

**Guy's 1st XV v Blackheath. 22 nd January 1994. Honor Oak Park.**

Guy's v Blackheath is probably the oldest feature in the Rugby Union, the first matches being played in the 1860s. However, whilst Guy's used to play their 1st XV until recently, in the last few years we have played Blackheath 2nd team. An early kick-off was agreed, so that Blackheath could go back and watch their first team in the Pilkington Cup. Blackheath also came out very determined, having had 30 points put on them by Guy's in the corresponding fixture last year. Twelve o'clock starts are not Guy's favourites however, and with the side showing several changes from the successful cup match during the week, looked sleepy and disorganised initially. The normal centres were absent, and this showed early on when uncertainty led to slow passing, a longer line and an easy intercept for the Blackheath centre who scored under the posts. As we have now come to expect the Guy's



were holding their much heavier opponents in the tight, controlling the ball well in the loose, but in some difficulty at the line-outs. Blackheath looked a very organised team and dominated the early loose possession. It was clear that Guy's were going to have to play cohesively and well to win, let alone get anywhere near last year's score. Guy's were having some difficulty with the throw-ins and the line-outs with Slim playing his first game at Hooker for the first XV; looking the part in the loose, but perhaps missing some of the calls in the line-out. However, he more than made amends by crashing over for a try, picking up a loose ball tapped back by Blackheath, after Guy's had worked the ball all the way up the pitch with a series of impressive moves including two back row moves. This left the score at Guy's 5, Blackheath 7.

One move was especially memorable when a third-phase ball was passed along the line and a beautiful chip by Gradillas over the heads of the advancing pack almost enabled Bevan to get over in a corner. Guy's do have this wonderful knack of eschewing the safe options and when Vince was collared in his own 22, attempting to run rather than kick, Blackheath almost got over the corner, but were penalised for going over the top. It was a wonderful sight, however, to see the Guy's pack on a rolling maul moving back the Blackheath pack some twenty yards down

the middle of the field with splendid control before releasing the ball to Docker to speed up the blind side. In fact, the game was notable for the number of penalties given away by the Blackheath side who at times appeared to be unaware of some of the new rules, and some of the old ones, too, as three times they were penalised for high tackles. Unfortunately, none of these were within kicking distance. At times, however, we still looked incapable of passing the ball straight along the back line, and some of the hard work of the pack was not being duly rewarded; though no doubt they enjoyed taking a couple against the Blackheath pack.

The forwards continued to comprehensively outplay the Blackheath forwards in the second half, but the backs squandered chances. Twice with an overlap, the ball went to ground instead of to hand. In addition, three kicks at goal missed, so that midway through the second half, the score remained at 5 to Guy's and 7 to Blackheath. In the end the forwards decided to take it on themselves, and first Ryan and then the impressive Pete Davis crashed over from mauls, the second of which was at last converted by Neil Davies. Guy's won a scrum five yards after Docker charged down the fullback's kick. The ball was set out for Davies to set up a second phase. This time Barrio was driven over for a try, again converted by Davies, to leave the

score a much more comfortable 24-7 and certainly four tries to one was nearer a true reflection of the superiority of the Guy's side, particularly the forwards. One magnificent rush down the field from the Guy's 25 was taken to within 10 yards of the Blackheath post, the ball having passed through at least ten pairs of hands. At last Guy's were having the confidence to run the ball and play with a bit more fire and enthusiasm as the Blackheath discipline waned. However, Blackheath began to run the ball from all corners and, for the first time in the match, sent the ball along their three-quarters to their very fast wing, and the side began to look more dangerous than at any time during the match so far. However, these incursions were repelled and when Guy's made a break up the right hand side of the field, Docker put Breeze in for the concluding try and a final score of 29-7.

Overall, this was a splendid exhibition by the Guy's side, and particularly the forwards who played at a pace and commitment throughout which surprised their bigger opponents. Slim on his debut must be congratulated for some very solid striking and scrumming and good all-round play in the loose. Davies was outstanding in the back row, and Guy's are indeed fortunate to have four or five back row players of high quality. Barrio and Challacombe in the second row generate power, and

the props Tsolkiades and Hieatt have not given second best to any side this season, and took four against the head today. One hopes that this impressive form can be continued into the next round of the Hospital's Cup against Charing Cross.

Team: A Burt, R Breeze, M Rose, N Davies, G Bevan, V Gradillas, R Docker, G Tsolkiades, W Slim, A Hieatt, E Barrio, B Challacombe, G Ryan, R Llewellyn, P Davies.

Scorers, tries: Barrio, Breeze, P Davies, W Slim, N Davies--three conversions, one penalty.

SJC

### *Match report, Courage League*

**Guy's 1st XV v Purley. 29th January 1994.**

Guy's sit near the top of the table and know that in this 150th Season, if they win all the remaining games they will get promotion. Thus every game is critical. Purley have always been a tough outfit and usually play a forward-based game. As usual, they turned up with an enormous pack. Guy's elected to play against the wind in the first half, and the wind and the size and pace of the Purley forwards kept Guy's pinned into their own half for the early part of the match. The tactics of Purley were obvious with big high up-and unders and their back row including the 6' 8" number 8 following up fast. It was obvious that the dominance which the Guy's pack has had

over forwards in recent matches was not going to be repeated, and Slim lost two early strikes against the head and unusually Guy's were pushed back in one or two of the early scrums. Purley had a couple of pots at goal due to misdemeanours in the Guy's pack with the Greek trusty left hook being too obvious on this occasion. The Purley pressure was eventually rewarded and, after a scrum on the right hand side of the field, the Purley scrum half broke on the blind side and appeared to go over unmolested for a try. After another fine kick from the centre arrived in touch one yard from the corner flag, Guy's appeared to throw straight to the Purley giant who crashed over for the second unconverted try. At this stage, Guy's were winning no ball at all in tight line-out or, more ominously, the loose. The latter was particularly worrying, since that has been the strength of the Guy's play this year. The Purley forwards were playing well and really with a monopoly of possession might have had near 20 points. However, the spectators at least were optimistic for the second half with Guy's now playing with the wind.

At last Guy's began to play a bit in the second half and, after a series of forward drives, Docker appeared to be driven over by the forwards, but the referee was unsighted, and the try not awarded. On a second occasion, Guy's moved the ball at speed with one of the now famous rolling mauls. On the point of scoring the ball was dropped, and the try lost.

Thoughts of a Guy's recovery were finally killed off when the Purley left winger interchanged passes with the back row and went over in the corner, to leave the score 18-6 to Purley. One was left looking back at a game which Guy's could have won, since two tries were disallowed. However, the truth is that, with a powerful front row, and a large pack, that Purley deserved to win. For the first time this season, we did not get our own ball securely in the tight scrums and the loose ball was dominated by the Purley pack. Guy's appeared to be a shade off-colour and did not seem to play with their normal vigour, though this probably emanated from the demoralising effect of not winning our own ball in the tight, and thus limiting our options. The week-end's other league results showed several draws, and still leave Guy's with an outside chance of promotion, but the loss of a league game just before the Cup matches was not the morale boosting effort that we hoped for.

Team: M Rose, R Breeze, S Lewis, A Fresher, V Gradillas, R Docker, A Hieatt, Wassim, G Tsolkiades, E Barrio, B Challacombe, G Ryan, W Llewellyn, R Llewellyn. Replacement: P Davis for W Slim.

SJC

## ***Dental Centenary Appeal Fund--5 Years On***

The Dental School at Guy's was 100 years old in 1989, and in that year an appeal fund was set up under the patronage of Lord Butterfield. The Committee of Donald Bompas, Tony Naylor and Derrick Neill left no stone unturned in their search for funds from friends in industry, commerce and the dental profession, including former 'Guy's men' (and when we speak of men, we think of them as embracing women).

Due to their efforts the Appeal Fund now stands at £146,000 and with the help of the Schroder Group (the school's financial advisors) this is well invested and is generating substantial interest. In order to ensure that this fund remains potent, only 5% of its market value is extracted each year and is used for the benefit of the Dental School.

The available money is administered by the Dental Funds Committee, which began to distribute grants in 1992-93. During that year six undergraduates were helped to undertake overseas elective visits, three Guy's graduates received support whilst studying for Masters degrees and four received assistance whilst undertaking studies leading towards PhD degrees. The total distributed was £3,284 and in 1993/94 it is hoped that the Committee will be able to distribute £6,000.

The calls for support from this fund continue to grow, and contributions either as one-off cash donations, covenants, direct debit payments or even bequests would be welcomed by the Dental Dean.



**Death**

FRY Dr John CBE, MD, FRCS, FRCGP died peacefully in Farnborough Hospital on 28 April 1994. Dr Fry, who qualified from Guy's in 1944, was instrumental in setting up the Royal College of General Practice and the author of many publications, as well as being a much loved General Practitioner in Beckenham. He will be much missed by his wife Trudie, all his family, his friends and his patients.

**Death**

LONG Dr Rodney Harold Neate. Peacefully on 17 April 1994 at the King Edward VII Hospital, Midhurst, aged 72.

**Thanksgiving Service**

DR PHILIP J HELLIWELL--A Thanksgiving Service for Dr Philip J Helliwell, Consultant Anaesthetist Emeritus to Guy's Hospital and Clinical Superintendent from 1967 to 1975, will be held in the Guy's Hospital Chapel, St Thomas Street, London SE1, on Wednesday 13 July 1994 at 12 noon.

**Death**

BLACKBURN Guy MBE, MChir, FRCS, Surgeon Emeritus Guy's Hospital, died peacefully at home on 2 May 1994. Dear husband of Joan and loving father of the late Jonathan and of Anne, grandfather of Bertie and Amber.

**Death**

STRANGE Dr David MacPherson on 19 April 1994, in Wonford Hospital, Exeter, Devon. Much loved husband of Hazel and the late Sheila, father of Heather and Ian, grandfather of Vicki, Simon and David. Stepfather of Sara. He was greatly loved by all his family, his many friends and colleagues in the medical profession.

**Thanksgiving Service**

MR GUY BLACKBURN, FRCS--A Thanksgiving Service for Guy Blackburn, Consultant Surgeon Emeritus to Guy's Hospital, will be held in Guy's Hospital Chapel, St Thomas Street, London SE1, on Wednesday 6 July 1994 at 12 noon.



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Specially written as a revision aid and companion guide to Essentials of Physiology, this text will give you a clear understanding of the key concepts covered in each chapter of the main textbook. For extra ease and quick reference, a glossary of terms has been included at the end of the text.

**Lecture Notes on Human Physiology 3e, £15.95**  
*J J Bray et al* (available May 1994)

This text provides a clearly structured overview of human physiology, highlighting the major principles and mechanisms of the various body systems and thus enabling you to assimilate and retain the key facts in human physiology. It is an ideal revision aid and quick-reference source.

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Describing the use of biochemical tests in the diagnosis, treatment and management of disease, this text provides a concise and practical guide for medical students and junior doctors. The new fifth edition includes case histories and a special revision chapter with examination questions for you to test yourself.

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(We shall also contact the bookshops of the winning students)

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# GUY'S

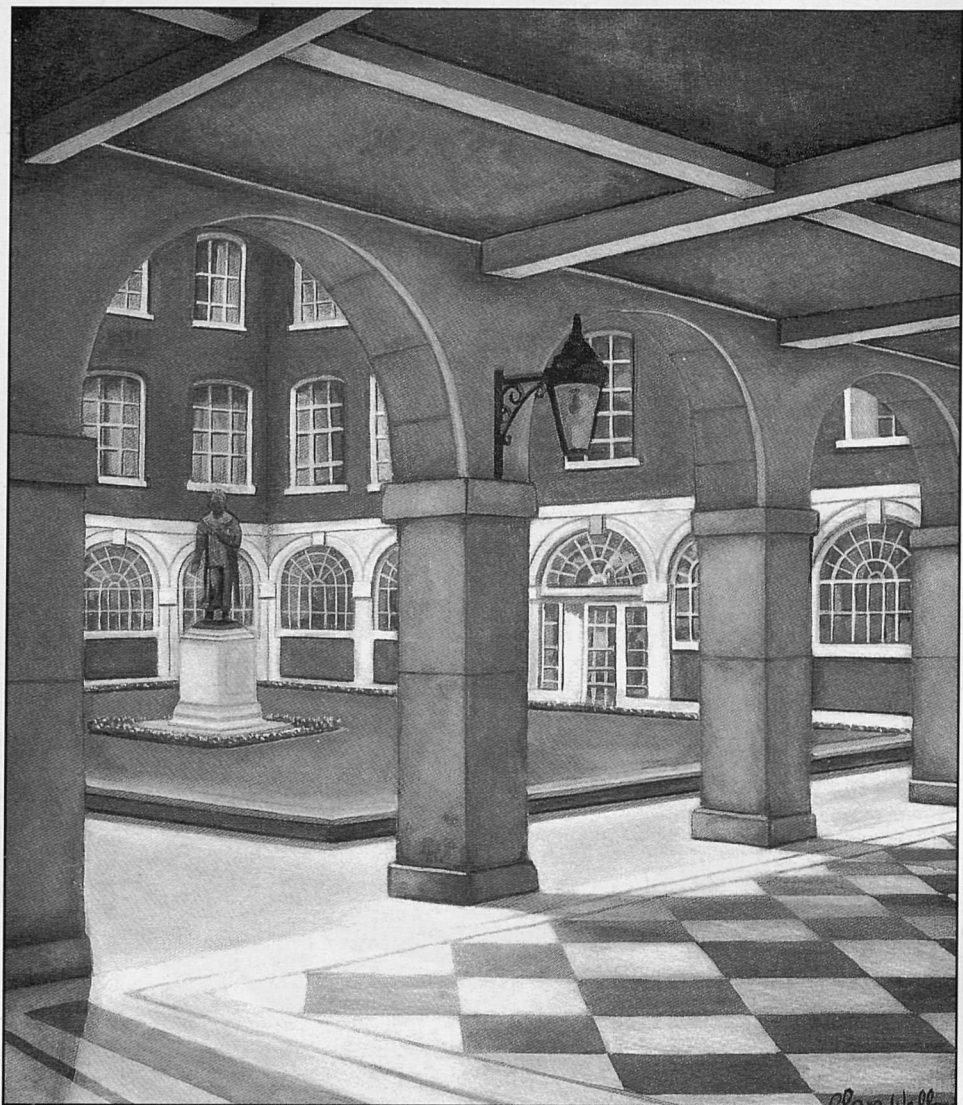
HOSPITAL GAZETTE



## July–August 1994

- 150th Anniversary GHBC
- Medics in Moscow
- Crisis in London's Healthcare





The Colonnade, Guy's Hospital  
Original painting by Clare Walford

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## Guy's Gazette

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The opinions expressed are those of the authors and do not necessarily represent the views of the Hospital.

Volume 108 Number 2439 July–August 1994  
ISSN 0017–5870

Guy's Gazette, Boland House, Guy's Hospital, London SE1 9RT.  
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Printed by Hobbs the Printers of Southampton

## Passim

As September draws to a close, Guy's enters one of the most crucial periods in its history—the discussion period for site options open to the Guy's and St Thomas' Hospitals Trust. It is to be hoped that this consultation and discussion process is one guided by good sense and balanced appraisal. Indeed one proposal has already been rejected by the trust as Doctors considered it not suitable. KPMG Peat Marwick, an independent Management Consultancy have, over the past nine months, examined the Trust's site options and their proposal document is eagerly awaited.

Uncertainty does not create an easy atmosphere in which to study, work or plan ahead and the decision (or was it a proposal) of 10th February 1994 has certainly cost in terms of morale and healthcare professionals. It is to be hoped that 1995 begins with the implication of a site proposal that puts health needs, research and education first—or the cost in terms of 'medical talent' may well be dear. It is also to be hoped that no undue influence is brought to bear by any party. To do so would be a travesty of the democratic process.

September also sees the end of my period as Editor of the Guy's Gazette. It has been a challenging but very enjoyable experience—and an excellent introduction to the buzz word of junior doctors 'time management'. The new Editor is Alamgir Kabir, a fourth-year medical Student who is very enthusiastic and thankfully computer literate.

I would like to thank the committee for their support, especially Prof. Chalcombe for his continual supply of rugby reports. I would also like to thank the readership for their tolerance of the erratic supply of Gazettes in recent months and finally acknowledge the hard work and unfailing enthusiasm of Margaret Flanders, Office Manager and 'Stalwart' of the Gazette. Without her assistance and friendly attitude the job of Editor would not have been nearly as enjoyable.

With my elective approaching I feel it is now time to apply myself to a new role in the Gazette—that of Travel writer, though I'm not sure that Margaret would clear my request for expenses!

## Memorial Arch

Dear Sir,

Many readers will be delighted and relieved to learn that the Management Board of the NHS Trust have agreed that the contract for re-erecting the memorial arch should proceed. It is hoped that work will be completed by November 11th 1994 and it is also hoped that the arch will then be dedicated.

It should also be noted that this decision is due in no small measure to the efforts of one of the Special Trustees, Mr Peter Winfield, to whom our grateful thanks are due.

Yours faithfully,

C L Joiner MD FRCP  
Ashton  
Mead Road  
Chislehurst  
Kent

## Campaign going well

Dear Sir,

The campaign to 'Save Guy's Hospital' is going well and approaching the target of one million signatures. My wife (a former Guy's nurse) has obtained more than eight thousand signatures and even been noticed by Prince Charles on his 'Centenary of Tower Bridge' visit on June 30th.

When he saw her placard amongst the welcoming crowd he said 'Are you going to save Guy's Hospital all by yourself.'

What am I doing all the time? A few months ago I had an acute coronary infarct, was taken into Guy's and had an angioplast. Such catastrophies are becoming more and more common and is one of the reasons for the urgent need for such centres of excellence capable of dealing with these emergencies. Today it might only be me but who can tell that it might not save the life of someone who might become a future prime minister. Simon Hughes MP for Southwark and Bermondsey said, 'If Health Minister, Virginia Bottomley gets her way, they won't be able to admit a single one' (casualty dept). Everybody can help by writing and supporting the 'Save Guy's Hospital' campaign now. More importantly the public stand to lose the skill and dedication of some two hundred and fifty years of care and devotion to help the suffering.

Yours faithfully,

Dr I T The'  
7 Queen Elizabeth St  
London



### ***Baby Foot printing***

'Babysafe', piloted at Kent and Canterbury Hospital by Tricorn Industries plc, allows midwives to record a print of each of the baby's feet, together with the mother's index finger, using a special inkless wipe and a sensitised identification form. Imprints are taken on the labour ward, immediately after the baby has been bathed, and retained with the mother's medical records for security purposes. A copy of the print can be made available to parents as a lasting memento of their newborn baby. The process is simple, hygienic, clean and painless. It provides a fail-safe and secure method of ensuring that the right baby leaves the maternity unit with the right mother. Babysafe has been welcomed by midwives and parents at Kent and Canterbury Hospital and has been endorsed by the police. News Editor's note: A tagging experiment at St Thomas' Hospital has run into trouble because heavy metal tags irritated babies and made bathing difficult. Other hospitals are concerned about the cost of tagging systems and the ease with which they can be removed.

### ***Pioneering Use of New Implant Material***

ENT consultant Mr Ellis Douek has developed a replacement ossicle from a new bioactive material. The replacement ossicle can restore hearing. The new material, bioglass, has been developed by Professor Larry Hench of the University of Florida and overcomes the problems of inert implant rejection. Mr Douek implanted 25 patients seven years ago and none have shown any signs of rejection. Bioglass enables physical and chemical bonding with body tissues. It could be used to replace body tissues such as bone, muscle and blood vessels. 'Overcoming the problem of the body rejecting surgical implants is of major significance for patient care and in reducing the expense of multiple implants,' says Mr Douek. The new implant, called Douek's Middle Ear Device is available in the UK on the NHS.

### ***Hay Fever Cure***

A cure for hay fever may not be too far away--thanks to research carried out at UMDS. A team of doctors and scientists in the Department of Allergy believes it has identified an important process by which the body prevents the development of allergic diseases such as hay fever. The team believes it has identified a key cell in the body which is part of the immune system responsible for maintaining health by excluding unwanted organisms and neutralising allergens. In some people, however, the cell fails to regulate the IgE antibody as it does in non-allergic people, causing hay fever. The discovery may provide opportunities for the development of an effective cure for hay fever in the form of a vaccine which targets this cell.

Hay fever affects up to 15% of the population, and its incidence is increasing.

### ***Parking Problems at Guy's***

From The Evening Standard, 11 July 1994:

Doctors and nurses working in a hectic London accident unit are furious that car parking spaces are being grabbed by routine medical and administrative staff. They have been told to make use of public transport even though many work more than 100 hours a week. There is a waiting list with hundreds of names for the 225 spaces for all grades in the nearby NCP car park. There are only 460 spaces in a hospital with 3000 staff (the rest are set aside for consultants, psychiatrists, social workers and top administrators).

## *Vladi Medics join Mafia in Moscow McDonald's*

*Emsa goes Moscow*

With only a weeks summer holiday, despite valiant attempts by SMEC, there are really only two options--sit on a beach and get drunk at every opportunity, or go out and save the world. Half way in-between comes the EMSA trip to Russia--at least that's what we all thought.

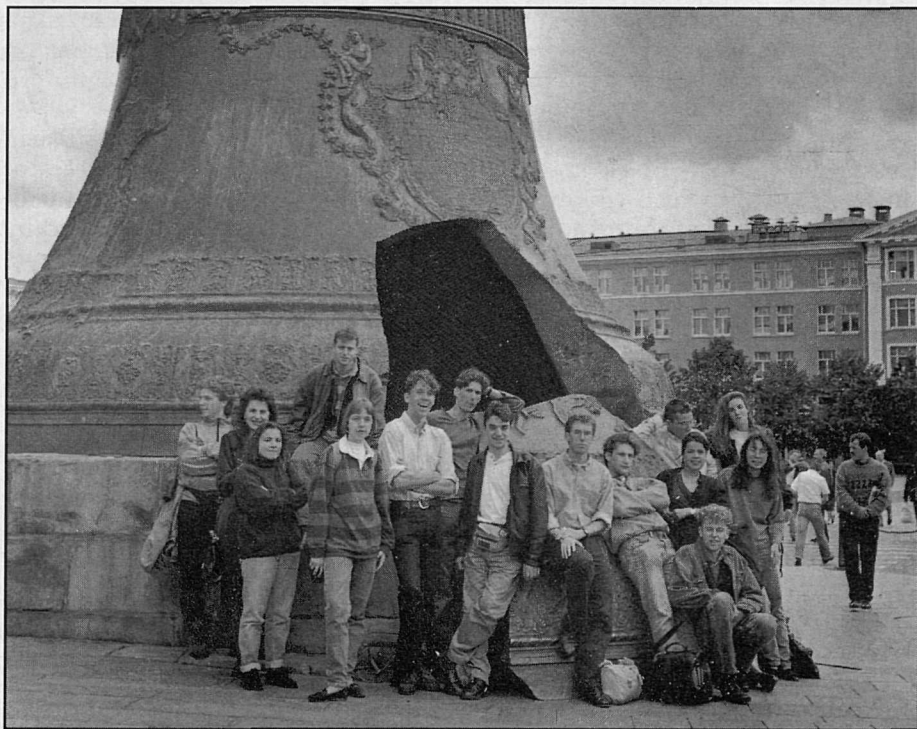
School lessons lead us to expect a country grey, concrete, full of nuclear war heads and statues of Lenin; recent press coverage implied a state of anarchy, led more by the Mafia then Yeltsin. What we found was beauty, generosity and friendship, in a fascinating country struggling to find its feet in a rapidly changing environment.



Midnight, St Petersburg

Surprisingly, the People's party seemed to be very proud of their past. Relics of past rulers adorned the museums, Peter the Great's shoes, (size 15) Catherine the Great's Royal Carriage (Moscow to St Petersburg in five days, non-stop) are all preserved in humidity-controlled conditions. In the centre of the Kremlin are four cathedrals--despite the communists banning religion the Icons remain. The walls are covered in frescos, culminating in Christ's face looking down from within the domes. The Government also invested in foreign treasures--the Hermitage and the Pushkin Art Galleries contain the most amazing collections of Impressionist paintings, amidst Rembrandts and Picassos.

Moscow is a building site; there are huge amounts of money being spent renovating the decaying centre of town. The blocks of offices and houses are covered in plaster: green, yellow, blue, trimmed in white. This is all slowly



The Big Bell and EMSA crew



being repaired. And there are plans for an underground shopping arcade next to the Kremlin. Some of the money seems to be coming from the foreign investment that is slowly trickling in. The international moguls have pounced, the final battle of the Cold War has begun--the invasion of the American Corporations.

With Western money the prices are ludicrously cheap. Vodka is \$2 a bottle, a very passable Champagne is \$3 and to cure the hangover imported German fruit juice is \$3.5. Posing as Russian students, *'don't say anything, just walk,'* for a nominal fee we had the best seats in the house for the Bolshoi Opera and Moscow State Circus.

The justification of the EMSA Holiday Club is teaching medical English to our contemporaries abroad. This was not as hard as it seemed as most of the students had a basic grounding in English. We had to polish up their pronunciation and try to teach them some colloquial terms. Medical terms tended to be fairly similar but there is no possessive pronoun (eg my, your) in Russian, so they found it hard to express themselves successfully. For example upon arriving in casualty they would demand of the patient 'Where is pain?' To which surely the answer is 'Down the corridor on the left hand side.'

Our involvement with the students enabled us to discuss what life is like in Russia and compare notes on student life. The medical course is six years, at the beginning of which you must choose between paediatric or adult medicine. Three years of theory follow, then a summer of nursing, followed by finally being allowed on the wards. Clinical consists of firms varying from two weeks TB medicine to four week medical firms. There is a government grant but it doesn't cover the rent. Most live at home, or if they have to, in the student hostel out in the suburbs. This is where we stayed for the week, complete with cockroaches, a sink that falls off in your hands and peeling wallpaper. The medical school is desperately short of money. It is only just able to pay its staff, there is nothing left for repairs. As a result it is crumbling. On qualifying the young doctors return to their small towns in the provinces. Ten years down the line a consultant is paid \$150 a month. This is less than the driver of a trolley bus. One wonders if dealing with Russian roads is more risky? The job earns respect from the community but there is little of this left when all the doctor can prescribe is 'thin air'.

We visited the State Paediatric Hospital, and were very kindly shown round by one of the consultants. It was surprisingly well equipped, complete with gastroscopy unit, hyperbaric oxygen chamber (what was this for?) and special care baby unit. However, there were insufficient resources to supply the basic essentials, needles, syringes, normal saline. There was also a shortage of patients--we were told it was wash day...



The Tsar's Summer Residence, St Petersburg

Photographs and feature by Will Norman

# 150th anniversary GHBC

## *A day to remember*

**I**t was 150 years ago, on the Thames at Erith, that the first inter-hospital rowing regatta was recorded between GHBC and St Batholemew's HBC. Although rowing had been an important part of life at Guy's for many years preceding this event, this is the first official race in the history of GHBC.

Since then the club has had an illustrious and eventful history. In 1994 there was a strong desire from both past and present members to celebrate this important anniversary and recognise Guy's past and present successes.

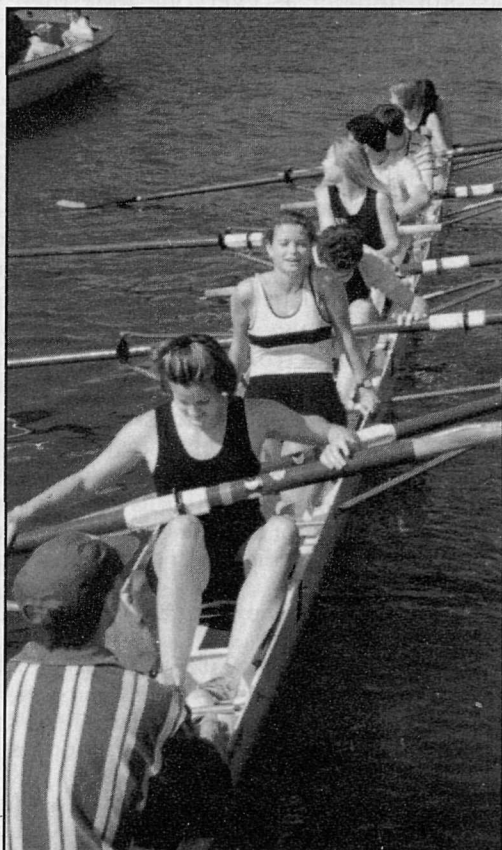
GHBC, for several years now, has been forward enough to boat from Tideway Scullers School (TSS) at Chiswick. In this idyllic location the club, now UMDS boat club, is perfectly positioned to view the start of the Head of the River Race and the finish of the Oxford and Cambridge boat race. This year these great rowing spectacles were on the 26 March. What better way to start the 150th celebrations than to invite past members to the club to enjoy the day's racing. Over 100 guests relished the opportunity to join us for the day--and what a day it turned out to be. The quality of the racing was surpassed only by the champagne and smoked salmon reception and slap-up lunch that followed. Many thanks to the ladies' 1st VIII for their culinary achievements and organisation ability. For the few guests too busy lunching and reminiscing to stumble onto the balcony into the glorious sunshine to watch the Oxford and Cambridge race, John Paul Carpenter had kindly set up a larger-than-life audiovisual extravaganza for all to enjoy. In amongst the gastronomic and rowing delights we even had time to launch the 'Robin and Sue Rippon' (a new pair/ double) kindly rigged on behalf of the indisposed men's boat club, by Mr M J Gleeson (President of UMDS boat club). We were thrilled that Robin and Sue could be present at the launch of the lovely new boat. Both GHBC and now recently UMDS BC owe them a huge debt of gratitude for years of support especially from the several ladies' crews they have kindly accommodated over Henley.

For the main celebratory event we decided to return to our 'roots' at Henley. The ladies' 1st VIII coach and mentor, Mr Alec Hodges of TSS risked his untainted reputation and honour by arranging for us the use of facilities at the most exclusive club house on the Henley course.

One evening in April, we arrived--accompanied by our invaluable mate Claire Walsh. We were captivated by the beauty of the place, especially the way in which the rays of the sun set over the Thames, illuminating the dining room. This was the place for our 150th dinner.

On 9 July, after several months of organisation and the occasional frantic telephone call from the National River Police, the big day finally arrived. After a week of rain we could not believe our luck, the sun was shining without a cloud in sight. With Henley Regatta and prestigious Veteran's Regatta in full swing, the atmosphere of Henley Royal Regatta was not dissimilar as the 200 or so guests arrived at the Remenham Club--only here the Pimm's was free and unlimited and the strawberry portions more generous.

It was great that so many past members (many of whom had travelled hundreds of miles) were able to come and enjoy the day with us and, even better, were keen to row--for example seven of the nine members of the 1974 crew were able to take to the water with such style one thought they had been practising together for weeks! Not only did experienced rowers participate in the racing but many other Guy's and St Thomas' students came and enjoyed the day. We were particularly glad to welcome the ladies' FC, ladies' hockey club, the 'Cambridge Crew' and of course the glam girls. The footy crew surprised even themselves (especially Anjana) by reaching the final of the fun-crews division, against Claire's 'Cambridge Crew'. But the real question of the day was what was Rob doing with the glam



Ladies' VIII--Sroked by Nina Barrows  
(this years captain)



girls crew upstream for so long that they missed their race and were late for dinner. Fortunately Amanda was immersed in Pimm's and did not notice.

The final of the racing was to be a clash between experience and youth. Needless to say experience won the day--though we're not sure of the outcome had the distance been much further!

The dinner was about to begin. With the boats packed away and the children safely delivered to R and S Rippon's, under the watchful eye of Alison Walsh, who coped with all events including swatting bees for several hours.

Tosh Jones and the amazing Hot Jazz Trio provided a simple musical accompaniment as everyone took their places for the 150th Anniversary dinner.

The after dinner speeches will be remembered by all. The President of the club gave a wonderful speech, detailing the long history of the club and finished with a toast to the club. The toast was received on behalf of the club by Dr J Robin and the old boys by Mr Geoffrey Moulding (Captain 1971-72). Full blues went to Tim Webber, Spencer Hodges, Louise Ward and Andrew Hobkirk. President's Cups went to Danielle Power, Vanessa Parmenter and Tim Webber. Then the 150th anniversary cake was presented and cut by the President, leaving Tosh and his merry band to entertain all. The evening was wrapped up by the spectacular fireworks display set against the beautiful backdrop of Henley bridge and town.

It was a wonderful day to remember and it was especially nice to share the occasion with so many past members and their families as well and many non-rowing students at Guy's.

Finally we'd particularly like to thank the following:

- Sharon Payne for helping with the organisation so wonderfully and making all those horrible telephone calls nobody else would dare to make.
- Claire Walsh for arranging food, crews, baby-sitting...
- Renault UK for the loan of the fantastic Espace, which helped tremendously with the trip to Tesco's.
- Robin and Sue Rippon, whose loan of house was much appreciated.
- Dickie Simons for obliging us by getting up so early and remembering that he'd forgotten his waistcoat before we'd hit the M40.
- Our fantastic coxes, Rob Weir and Ollie Foote who coordinated the successful racing and eluded the River Police and Regatta organisers.
- Ruth O'Sullivan and Spencer Hodges for their performances during their speeches
- Andy Klein, for not coming--but your ladies missed you lots (honest!)
- Everybody else who helped make the day run so smoothly.

**Louise Ward and Dony Power**

## **SMEC... YOUR VOICE AT UMDS**

The Student Medical Education Committee at UMDS is the strongest student medical education group of its kind in the U.K. It is important that students from all years of the medical school are involved. SMEC is involved in nearly all aspects of medical education at UMDS. Being a year representative involves not only taking part in SMEC activities at monthly meetings but also helping people in your year (and yourself!) with day to day problems which may be encountered on the course.

### **CURRENT AREAS OF SMEC INTEREST**

- + Student Feedback - New Curriculum - Preclinical Year 1 and Year 2
  - Clinical Firms and Teaching Blocks
  - Medical Student Debt.
- + First Term Exams - Should they be for self, rather than in course, assessment?
- + Resuscitation training for medical students.
- + Review of sign up system and house job allocation.
- + Curriculum development and audit of teaching.
- + Close liaison with the United Clubs on educational and student welfare issues.
- + Library opening hours.
- + Computer use and teaching at UMDS
- + Liaison with other UK and European Medical Education Groups.
- + Issues arising from teaching and courses every day.

## 'Simply the best'

*GHBC 150th anniversary celebrations--President's speech*

**T**onight we celebrate at least 150 years of rowing at Guy's. That sounds a very long time and indeed it is, but not in the context of rowing itself. For those who may have forgotten and those who never knew, the first boat with oars was almost certainly built in Egypt around 3,300 BC. The origin of competition in rowing boats is more difficult to pinpoint but I did find a record of a regatta of sorts which took place on 20th September 480 BC at Salamis in the Aegean. On that day 271 triremes from Athens met 800 from Persia and thrashed them! So Guy's Boat Club is really quite young.

Tonight I want to remind you of your celebrated past and make some comparisons between you and those who started this Boat Club. After all, without their efforts we could not have held this celebration tonight.

The club 150 years ago was much the same as it is today, albeit a bit smaller. Names and individuals may change but the Boat Club, like human nature, does not. Furthermore, in a rather bizarre and perverse way, the older you get the closer or more tangible the past seems to be. Let me put it another way, it's no secret that I started at Guy's 27 years ago. It hardly seems any time at all to me but its more than a lifetime for most of you. Back in 1967, Jonathan Robin was just 2 years old, England had won the world cup the previous year, Manchester United won the League title, Tottenham the FA Cup, Oxford the Boat Race, John Newcombe and Billie Jean King were the Wimbledon lawn tennis champions, SCW Leipzig beat Tideway Scullers by 2½ lengths in a time of 6 minutes 46 seconds to win the Grand here at Henley and James Mansie was President of Guys Boat Club--a position he had held for almost a decade and was to fill with distinction until 1986.

James can't be with us today as he is on holiday in France. He frequently visits us at our home and we talk about his early days at Guy's in the late twenties. His distant memories of Guy's are as vivid to him as mine are to me. Many of you will have met his senior, Dr Ernest Huddy, who won the Allom Cup for Guy's in 1924 and continues to scull even today in his 90's. He has the distinction of winning his division of the Sculler's Head of the River several times over the last decade - sculling in our colours for Guy's. Last Sunday, Dr Huddy was perched high in the Stewards stands watching the final event of

the Royal Regatta. Both Ernest Huddy and James Mansie were born around the turn of the century and the difference in age between you and them is about the same as the interval between their birth and the first recorded race by a Guy's crew in 1844. It is that event, which took place in Erith, that we celebrate tonight. In that same year, 1844, Horace Wells, an American dentist, gave the first nitrous oxide anaesthetic, John Hilton was appointed to Guy's and Florence Nightingale became a nurse.

The Guy's club was certainly up and running before then and had probably been in existence for a few years as there is mention of our IV at Henley in 1840 but, as the Royal Regatta was restricted to VIII's at that time, could not compete there until 1846. We, the Boat Club, are therefore THE OLDEST SPORTING CLUB AT GUY'S and that includes the other great, but younger, Guy's institution. I refer to the Rugby Club.

Who were the officers of the club at that time? It's hard to know precisely but Lever, the obstetrician, was the President in 1846 and probably had been for a few years. He was an able and fit man. As a student he used to walk to Guy's from Woolwich and back at night. Lever was a great obstetrician and became rich. It was he who first recognised the significance of protein in the urine of women with puerperal convulsions - in other words he made a significant contribution to the knowledge of eclampsia. Lever left the Boat Club with a tangible memory, he donated a silver miniature rudder to the club and we still have it today.

Who was in our first Henley IV in the summer of 1846 and what happened to them? Well, we know that



Past officers of the Club--L to R  
Michael Gleeson (Capt 1970-71, President 1986-)  
Andy Chivers (Sec 1971-72), Peter Rosie (Capt 1975-77)  
Fred Moorhouse (Capt 1972-73, Vice President 1991-)



they dead-heated in the semi-final of the Stewards', were awarded the re-row but fell in the Final to Oxford University - no disgrace. In those days the Stewards was a coxed event. The crew was stroked by Cooper backed up by Ferguson with Forster at bow and Gruggen at 2. The cox of the Guy's crew was Alfred Poland. He was a dedicated student, won several prizes and the year after Henley was appointed a Demonstrator in anatomy. Two years later he became Assistant Surgeon and in 1861 was appointed consultant eye surgeon to Moorfield's and Guy's. He was regarded by many as the best eye surgeon of his era. You may correct me but Poland was not typical of any Guy's cox that I know--he was scruffy! It is said that he would leave the dissecting room without changing his coat and there was often speculation whether or not he washed his hands. He was disciplined by the hospital treasurer on many occasions because of his appearance and was told to dress more decently and appear more clean. Despite his appearance, he was immensely popular with the students. Poland's self-neglect contributed to his light weight which was an asset when he coxed Guy's but also led to his poor health. He had several haemoptyses and a haematemesis, an enlarged liver, chronic pyaemia, prostatic abscess, facial palsy and many other troubles in addition to an unhappy marriage late in life.

At the other extreme, I mean the bows, was J Cooper Forster. Forster was a big man, over six feet tall with a mop of black hair, full of energy, cheerful, generous and possessing a truly commanding personality. He had a practice in Borough High Street and lived in St Thomas' Street where, tragically, two of his sons died of diphtheria despite his intervention. He was a very talented surgeon and carried out the first gastrostomy in Britain, for a stricture of the oesophagus. In 1863, Cooper Forster was elected President of the Guy's Boat Club and was reckoned to be the best amateur trainer on the Thames. He used to cox an eight oared boat from Putney to Richmond, where he would give the whole crew a splendid dinner, but would then make them row back. Tom Bird, the first Guy's Anaesthetist, remembered a race he took part in against Bart's in 1867. Cooper Forster promised him a silver cup of champagne at the post and provided it even though the Guy's crew lost. Forster was a flamboyant character in other aspects of his life. He had a fine carriage in the latest fashion and horses to match, stables emblazoned with his crest, the 19<sup>th</sup> century equivalent of personalised number plates, clearly a typical Guy's consultant. He loved the river and had properties at Twickenham, Maidenhead and Henley all equipped with the best rigged boats available. He was elected President of the Royal College of Surgeons in 1884 but died two years later.

Many famous medical men have been members of our club. We have also produced or enjoyed the company of several, equally talented, oarsmen. Arthur Allport, the famous rugby international and amateur boxer, won the Grand Challenge Cup in 1887. A.S.F Butcher won the Grand Challenge Cup, Stewards' and Goblets at Henley and represented Great Britain in the 1952 Olympic Games. Tim Kirk coxed the Great Britain VIII at the Mexico Olympics in 1968 having won the Grand in 1967. He also coxed the Great Britain pair and IV in the 1969 European Championships and again the pair in the World Championships the following year. Paul Stuart Bennett, who rowed with us today and won at the Henley Veteran Regatta this afternoon, won the Stewards' in 1973, represented Great Britain in a heavyweight IV at the European Championships that year, again as a lightweight in the 1976 coxless IV and became World Champion in the lightweight VIII of 1977. Alistair Logie was also a member of the 1976 Great Britain lightweight coxless IV, in other words Guy's contributed a half that crew. Simon Jefferies was probably our most successful cox. His triumphs included the Prince Philip Cup and Ladies Plate in 1975, the Grand Challenge Cup in 1982 and 1988, World Champion in the lightweight VIII of 1980, international selection in 1975, 1980, 1981, 1984, and selection for the Seoul Olympic VIII in 1988 which came 4<sup>th</sup>. Today, we enjoy the success of our current captain, Timothy Webber, who has already won Bronze and Silver medals at European Junior level. There will be many more trophies for this talented young man and his successors.



1974 VIII—Six of this crew set a national record in 1974 which stood for 12 years

But most of us never reach international standard. What was it like for an ordinary member of the Boat Club in the mid 19<sup>th</sup> century and what effect did the Club have on the Hospital at that time ? Let me just give you one or two examples from the 1870s. On 22<sup>nd</sup> June 1871, the inter hospital race between Bart's and Guy's was held between Putney and Hammersmith. Bart's were much fancied as they were stroked by Derbyshire, an Oxford oar of considerable repute. It was a very close race but Guy's prevailed by a ¼ length. To mark this achievement they were presented with a magnificent, 3 handled, pewter tankard which was nick-named 'the Tripod'. It held 3 pints, and was often I gather, kept on a barrel of beer in the casualty dressers room ! The beer was provided by the hospital. Any student could stroll in for a drink and no doubt did ! The Boat Club merely ensured that each gained a full and more than reasonable measure. The hospital seems to have been awash in alcohol in those days. A barrel of beer was even kept in casualty and distributed to police in the Tripod as a thank you for bringing in patients. There are plenty of reports of cases being snatched from Bart's casualty merely for the reward! Now there's a suggestion for Mr Matthews and his team, no need to fudge figures anymore, for the price of a pint or two we could really have the busiest casualty in London. But would our administrators like that ?

We all know that an aspiring oar has to eat sensibly and well in order to row at a high level. Clearly both the hospital administration and students of the 1870's appreciated that. To achieve this, the hospital provided both breakfast and lunch for the take-in firm leaving the students to prepare and cook their own supper. Three square meals every day. An oarsman's dream. Supper was a great occasion, a time when the whole firm met and could reflect on the day's work. It was the junior dresser's task to prepare the feast and, judging from all accounts, they were truly impressive meals. Professor Cawson recently showed me a shopping list for just 1 week's provisions for 6 students on a take-in firm from 1870. It read : 42 gallons of beer, 18 bottles of whisky, 2 rounds of beef, 2 hams, 7 pounds of pickled walnuts, 7 pounds of Piccalilli, 6 boxes of figs [for starters], 8 pounds of butter, 28 loaves and countless boxes of sardines. Times haven't changed, have they !

We have a lot to be proud of and I am deeply honoured to have been elected and serve you as your President for the past 8 years. In that capacity, it is my personal privilege to follow in the footsteps of such men as James Mansie, Frank Law, Davies-Colley, Cooper Forster and Lever. I am sure that they would agree with me that the most important function of the Boat Club over the past 150 years has been to make friends and lasting relationships. There are countless examples of this in our history and the events of today are

a prime example. If only today's medical administrators and politicians abided by the principles and ethics of our great club, the National Health Service would be the envy of the world yet again.

Finally, when all is done and we are long dead what will the historians write of the Boat Club in 1994 ? Probably just three words--SIMPLY THE BEST.

Michael Gleeson, MD, FRCS

*Footnote :The President is grateful to Professor R A Cawson for his help with the historical detail contained in this address.*



The Ladies' VIII--Victorious at Docklands Regatta

L to R, Back row: Sharon Payne, Claire Emery, Amanda Bond, Alec Hodges (coach),  
Lorraine Fischer, Louise Ward, Danielle Power,  
Front row: Nina Barrows, Ollie Foote, Vanessa Parmenter



# *The Crisis In London Medicine*

## *Cutbacks in hospital beds in London*

Cuts have been made in London health care since the mid 1980s with bed closure being one of the main goals. These diminishes are being made on the basis of the Tomlinson report, which suggested that the capital needed to lose 2500 beds and several hospitals. Now London is facing a major crisis; there are fewer beds but still a growing population of Londoners and tourists to treat. Professor Jarman delivered a cogent and forceful speech at the London University's Senate House on 5th July demonstrating this. The theme of his lecture was that London no longer has an excess of hospital beds and current changes to reduce bed numbers must discontinue if London is not to encounter a critical period in the near future. The audience included the Chairmen and Chief Executives of nearly every London hospital. His excellent speech won him the support of Robert Maxwell, Chief Executive of the health think-tank, The King's Fund and the Government, who are now likely to re-think their proposals to close down London hospitals. Robert Maxwell said, 'Prof Jarman has done invaluable service by continually emphasising the unacceptable risk to patients of further reductions in the hospital service.'

There will be a fresh investigation into bed closure that will be conducted by Professor Brian Jarman with a group of independent health experts to study the real statistics. It will be funded by the department of Health and backed by inner London's seven health authorities.

Professor Jarman's argument was discussed as follows:

### **Background**

For many years it has been suggested that London has too many acute beds for its resident population but not an excess of geriatric, psychiatric and maternity beds. The London Health Planning Consortium in 1980 decided that substantial closure of acute beds in London hospitals was required. Both the King's Fund and Tomlinson report have reiterated this idea. London no

longer has an excess of hospital beds compared with the national norms and it is no longer desired that further beds are shut down.

Four main constituents promote this theme. Firstly, it appears that conclusions have been based on data from hospitals in inner London but bed closure recommendations have been applied to the whole of London. It seems rational that data from the whole of London be used in making decisions about London's health services. Secondly, the rate of acute bed closure in London has been more than twice the national average since 1982 and about 2500 beds have been closed in London over the past two and a half years since the '*Making London Better*' report. The third constituent is that the UK has the lowest acute beds per capita of the OECD countries. In fact, London's acute beds provision per capita is considerably below the level for comparable urban populations in the UK. 15% of England's population live in London and the Government allocates 16% of the NHS revenue to this area but the allocation per head is less than the expected level based on national allocations because of the special London costs for London purchasers. Finally, there is clear evidence that London's acute hospital services are overstretched and have been since the mid 1980s.

The 1991 census has also made available new information which supports the lecture theme. The statistics showed that in 1992 London's population had expanded by 2% from a low in 1988 and mortality data shows that London's standardised death rates to age 75 has increased by 3% in comparison with the national figure between 1981 and 1991. Recent data also reveals that London is not overfunded.

### **The whole of London or inner London?**

*Londoners' preferences* It is evident that Londoners prefer central hospitals. Confirmation of this comes from surveys on samples of London's population who were asked to give their views on the future of the capital's health care. The principal explanation for this is London's infrastructure; travelling radially is significantly more convenient than travelling circumferentially. It was concluded in the King's Fund report on Londoners' views of their health care system that, 'In broad outline, respondents would like to see well-resourced central hospitals as 'centres of excellence' to provide services for medical conditions and emergencies requiring a high degree of specialist equipment and/or medical expertise. Hence, Londoners do prefer central centres for health care services.

*London's self-sufficiency* Only 3% of Londoners are treated outside London. These statistics are from the Hospital In-Patient Enquiry for acute and geriatric services for 1985-6. 92% are treated in London DHS hospitals and 5%

in Special Health Authorities (SHA) within London. Hence, London is self sufficient in health services.

***Treatment of non-London residents*** The London hospitals treat tourists, commuters and those referred for specialist treatment as well as Londoners. Data shows that 13% of patients treated in DHS hospitals and 40% of those in SHA hospitals are non-London residents. London continues to provide these specialist services although there is a smaller patient flow into London for treatment since the 1991 NHS reforms. The number of tourists and commuters requiring treatment is unlikely to change. Hence, London serves a huge proportion of the population. Is it wise to shut down central hospitals for patients whose lives and treatment of specialist conditions may be dependent on them?

## **The rate of acute bed closures and comparisons with other comparable areas**

***The rate of acute bed closure*** Although hospital length of stay has decreased from 50 days in 1948 to 10 days now and from 20 days to 5 days in acute cases due to increase community care and more day cases the total number of admissions has augmented. The net result of this has been that the average number of beds available daily in England has halved since 1960. Acute and psychiatry beds have been greatly affected. If the current rate of bed closure continues there would be a 22% reduction after eight years. Is it not time now to put an end to bed closures before all hospital beds in England vanish?

***Comparisons with other areas*** Of the OECD countries the UK has the lowest levels of hospital beds per capita. For instance, Germany has about 8 acute beds per 1000 population whereas the UK has only 3. Compared to the rest of the country most of the larger cities have more beds than London. For instance, Newcastle has 7 acute beds per 1000 population and Greater Manchester 4. London is near the lower end of the scale. It is quite obvious that London already has too few acute beds for its population.

***The trends*** The reduction in hospital beds in London is astounding. It was 3.07 per 1000 population in 1982 and now is 2.33 in England. This is a reduction of 21%. In non-London conurbations the figures were 3.95 to 3.14 and for London, from 4.07 to 2.58. The bed availability is double in inner London than outer and similar patterns are seen in other large UK cities. Also in London there have been 144 bed closures per million population per year compared to a national closure rate of 64 per million. This means that London has about 7.4% more beds per head than the rest of England. If this trend continues, by 1995 the figures for England and London will be equal.

The Government recommended acute bed closure in London. Although the 'Making London Better' report of 1991-2 suggests that 2000 to 2500 beds should be closed over 5 years this number of beds have already been closed.

### **Providers' hospital bed requirements and purchasers' resource allocations for London**

*Providers' bed requirements for London residents* The health, social conditions and availability of institutional care for Londoners lead to an increase in bed requirements.

*Health* The standardised mortality ratio to age 75 has increase by 3% for Londoners in comparison to the rest of the country between 1981 and 1991.

*Social conditions* The 1991 census shows that seven of London's DHAs were in the ten most deprived districts of England. London has a higher rate of unemployment, one-parent families and overcrowding. These social factors give an underprivileged area score that is used by GPs. The scores are higher in London.

*Non-medical institutional care provision* London has fewer residential care homes than else where in the country. Since 1986 the numbers have increased around the country but decreased in London. London has only 65% the national average for housing the elderly.

*Resource allocation for London purchasers* London is under-funded and purchasers in London do not have the necessary resources to purchase the care needed for its population. Figures suggest that instead of being over-spent by £70 million per year, London should gain an extra £200 million per year. London needs more funding than other areas due to the higher incidences of drug abuse, AIDS, violence, homelessness and alcoholism. It appears that the formula underestimates London's needs even though it considers some social factors. It needs to also take account of its population, the numbers of commuters (1.5 million) and tourists. Almost one third of medical teaching occurs in London. So again more funding is needed in London than else where in the country.

*The internal market in the NHS* The under-funding of purchasers has lead to purchasers not being able to buy services and so hospital closures. Hospitals that are highly staffed as they provide high-tech services or those with teaching facilities are also suffering due to insufficient funds. If more finances are not put into London's health care we are likely to see the disintegration of the health system.

*Other factors* Teaching costs are high in London as one third of the country's medical students are trained there but should be covered by a separate budget--the Service Increment For Teaching and Research (SIFTR).



Also, primary health care is low in London and the Tomlinson report states that, 'we put very strongly that you cannot touch any of this (closure of hospital beds) without actually supporting primary and community services.'

## **Evidence of current problems resulting from the under-provision of beds**

*Problems with GP acute admissions* GPs are complaining that they do not have enough hospital beds for emergencies. When the Tomlinson committee suggested the closure of hospital beds they did not ask the opinion of patients or consult GPs. The evidence for this is provided for by the Emergency Bed Service (EBS) data. The EBS is used when a hospital will not accept a patient that a GP needs to admit to hospital. A medical referee decides whether the admission is necessary. The number of these cases has increased by 147% between 1984 and 1991. There appears to be tremendous pressure on the acute beds in London due to the closures. In a recent GP questionnaire for a survey it was revealed that 21% of phone calls made by GPs for acute admissions were turned down.

*Hospital waiting list times* The hospital waiting times in London are above the national average and in fact have increased by 14% in the past year.

## **Conclusions**

- The revenue resource allocation to London appears to be at least 5% below the value expected by the national allocation formula.
- Under-funding of purchasers could lead to closure of hospitals.
- The rate of closure of London beds has been twice the national average.
- London needs acute beds due to social factors, commuters, tourists and for its population.
- Since the mid eighties there has been increasing pressure on acute beds in London.
- Action is needed now to stop the further closure of London hospital beds and to provide the correct resource allocation for London purchasers.

**Sunita Gossain**

## ***A message to the readership***

Anyone interested in writing in to the Gazette on issues concerning the hospital would be most welcome. The Gazette has a very important function in keeping staff and students both past and present informed about the hospital.

Old students, doctors, dentists, nurses and many other individuals involved in the running of Guy's would like to hear the views and opinions of their peers.

Letters, news, and for those slightly more ambitious perhaps an article would be much appreciated. Your contributions help to make a more entertaining and livelier read.

Alamgir Kabir  
Editor

Please send contributions to:  
Guy's Gazette  
Boland House  
Guy's Hospital  
London SE1 9RT  
Tel (071) 955 5000 ext 5413

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## P J HELLIWELL

Philip Helliwell Consultant Anaesthetist Emeritus and late Superintendent of Guy's Hospital, died on the 7th April 1994 aged 78 after a short illness.

Dr Philip John Helliwell MB Bch, FFARCS, DA, was born at Hebden Bridge, Yorkshire, in 1915. He was educated at Woodhouse Grove School and in 1933 went to Edinburgh University to study medicine. He qualified in 1938 and became Casualty Officer and House Surgeon at Southport Hospital. While there he joined the Territorial Army. On the outbreak of war in 1939 he was called up and posted as a regimental medical officer to an anti-tank regiment in Suffolk, where he developed his love for that county. In 1941 he married Elizabeth shortly before being posted to India. On arrival there he was interviewed and declared his interest in anaesthesia and was sent to Quetta as a medical officer. Whilst there he volunteered for the Chindits--a long-range jungle penetration force which operated behind Japanese lines. Before he received his posting to this very special unit he was sent off on an anaesthetic course. Following this he was sent to Burma as a Graded Anaesthetist and finally became a Specialist Anaesthetist with the rank of Major. Towards the end of 1945 he was demobilised in London.

While in India Philip met two members of the Guy's anaesthetic staff--Dr W S McConnell and Dr T A B Harris--both Advisers in Anaesthetics to the Army. On demobilisation he telephoned Dr McConnell to seek some career advice and as a result was appointed Resident Anaesthetist at Guy's Hospital in 1946. In March 1947 he became the first Research Fellow at the Association of Anaesthetists of Great Britain and Ireland, together with his friend, the late Dr Michael Hutton, he wrote papers on Trichlorethylene with particular reference to its use as an analgesic in labour.

In 1948 Philip was appointed to the Consultant Staff of Guy's Hospital. Dr A D Marston, who was Doctor of the Department of Anaesthesia, appreciated his superb administrative talents as well as his excellent clinical skills and made him Assistant Director. This post he held until 1956, when on the death of Dr T A B Harris, he became Director of the Department. He held this position until 1960.

At about this time the Governors of the Hospital were anxious to start repairing the war-damaged buildings. Philip was asked to be the anaesthetic representative on the Project Team because he had just devised a Central Sterile Supply Department--the first comprehensive one in the United Kingdom--which was to be housed in the new building. From 1959-61 he was Chairman of the London Teach-

ing Hospital's Central Sterile Supply Committee. After completion of this re-building he was appointed Chairman of the Project Team for building Guy's Tower, which occupied him from 1962-67. The subsequent efficient functioning of the Tower Block was largely due to Philip's expertise.

During this period the Superintendent of Guy's was Mr J B Blaikley--Consultant Gynaecologist. When he had to relinquish the post due to illness the Chairman of the Board of Governors asked Philip Helliwell if he would take over the appointment. He agreed to do so. The position of Superintendent was unique to Guy's. It was always held by a member of the consultant staff at the invitation of the Chairman of the Board of Governors. It entailed a full responsibility for running the hospital, along with the Matron and the Clerk to the Governors. It was created in 1856 and Dr Steel was the first holder of the post and Philip was only the seventh. He took over in 1967 and continued until 1975. With the reorganisation of the Health Service in April 1970 the Board of Governors was disbanded and the post of Superintendent was in doubt. However Philip's popularity with his colleagues ensured that the appointment should be continued, but the title was changed to Clinical Superintendent. He finally retired from the NHS at the end of 1975, aged 60. His early retirement was largely brought about by the

1974 major re-organisation of the NHS with which he was in total disagreement.

In spite of his many activities at Guy's he still had time for a multitude of other commitments. From 1955-67 he was also Consultant Anaesthetist to St Peter's Hospital for Stone. He was elected to the Council of the Association of Anaesthetics in 1962, became their President from 1973-76 and continued as Chairman of their Editorial Board until 1982. During his Presidency, and in discussion with Professor Michael Rosen, he was responsible for setting up the Sick Doctors Scheme for Anaesthetists. This was finally adopted by the GMC as a National Sick Doctors Scheme. From 1982-90 Philip was the Senior Referee to this Scheme. In 1982 the 6th European Congress of Anaesthesiology was due to take place in London and Philip was appointed Chairman of the Organisation Committee. For all his contributions to anaesthesia he was given Hon Membership of the Association of Anaesthetics and in 1987 was awarded the John Snow Medal--the highest award of the Association.

In retirement Philip took a great interest in local charities, especially CRUSE--a national organisation which helps the bereaved. He also spent much time in his beautiful garden and, of course, as a Yorkshireman enjoyed cricket. He and Elizabeth had three sons--Robert, Mi-



chael and Simon--Michael becoming a general practitioner. Shortly after their Silver Wedding, while gardening, Elizabeth suddenly collapsed and died of a ruptured cerebral aneurysm. Philip was a great family man and this came as a tremendous shock to him. However in 1968 married Margaret Laws with whom he spent 25 very happy years--the latter part in their lovely house and garden in Suffolk, surrounded by family.

I have known Philip for 45 years, as a loyal and staunch friend, who will be sadly missed by me and his many colleagues, but will be remembered with great affection.

David Carnegie

## **DOROTHY ROSE MILLER**

Dorothy Miller (nee Davies) died on January 30th 1994 following a heart attack and a stroke.

Born in 1905 into a medical family in Llanelli, South Wales, she qualified as an S R N at Guy's in 1928. After some time in private nursing, she married Dr William Hugh Miller from Guy's in 1930. They moved to Mundesley, Norfolk, where Dorothy was the staunch support behind the building of a sound general practice. Her skills were fully used in both nursing and dispensing. She gave Red Cross lectures, organised blood donor sessions, was deeply involved in money raising for the NSPCC and other charities, a Girl Guide Leader and all the usual business of village life. To this was added the bringing up of a family of three, her son, John, now being senior partner in Mundesley.

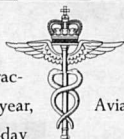
Dorothy gave herself unstintingly to the care of others, particularly in her marriage partnership which was to last for nearly 60 years until Hugh died in 1990. She is remembered for the unselfish generosity with which she gave her time and energy to her family and to all who knew her. She died at peace, with her family around her, leaving six grandchildren and seven great-grandchildren.

Jean K Fox

Running a busy practice is a demanding job; but also a very routine job. A General Practitioner not only sees around 8,500 patients a year, but must also handle much of the day-to-day administration.

Looking after the serving men and women of the RAF and their families is an equally demanding alternative; but without the routine and with more time to care for each patient.

You will encounter the same domestic accidents, the same illnesses, the same stress-related



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## THE GP'S ROUTINE AND HOW TO BREAK OUT OF IT.

problems, the same need for maternity care or for counselling.

But there the similarities end.

On an RAF station you are often better able to help your patients.

A few words with one of your fellow officers can reduce the workload of a patient with a stress-induced illness or family problem.

Suppose a helicopter pilot patient of yours had backache. Not only would you prescribe the seat support he'd need but you would also be expected to use your personal knowledge of that patient to advise on its design and installation.

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You will probably think of yourself first as a doctor and an RAF officer very much second. But, during your first year as a GP on an RAF station, with the rank of Flight Lieutenant, you will have opportunities to develop your leadership and management skills.

You decide how your purpose-built medical unit is to run, and you'll have trained nursing and

Cyprus) and develop your career in one of a wide variety of specialties, from general medicine and surgery to renal dialysis.

If you wish to specialise in Aviation Medicine you would be based at the RAF Institute of Aviation Medicine at Farnborough, working on research and development, aircrew equipment and escape systems.

Whatever you decide to do, you'll find the job not only challenging, but extremely satisfying professionally.

As a fully registered doctor, your starting salary will be £25,951\*. If you have five or more years' experience you could join us as a Squadron Leader with a minimum starting salary of £32,130\*

\*1993/94 pay scales  
(pay rise pending)



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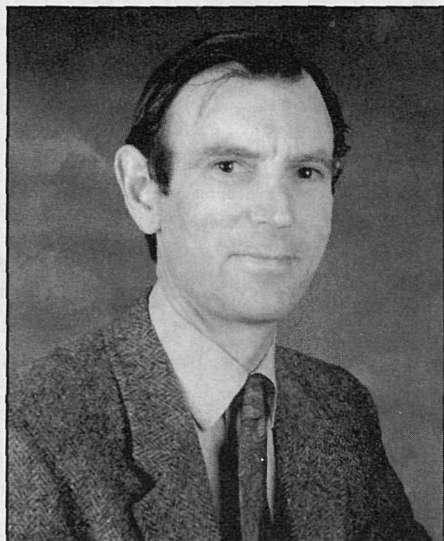
**ROYAL AIR FORCE  
MEDICAL OFFICER**

## David C Siggers

David Charles Siggers, who died earlier this year aged 52 years, exchanged a glittering career in clinical genetics for general practice in rural Wiltshire where he worked for the last 15 years of his life as a much loved and highly respected family doctor.

He abandoned the research laboratory in 1977 in order to gain more contact and continuity with his patients and, after a trainee year in Southampton, he joined a group practice in Westbury. In addition to his practice workload he developed a clinical genetic counselling service for the Bath clinical area and played an active and strongly supportive role in the local community hospital.

After qualifying in 1966 he returned to Guy's as Dennis Deuchar's research registrar in the department of cardiology in 1969 and, proceeded to MRCP in the same year. He then took up SHO posts at the Evelina and Great Ormond Street hospitals where he developed his lifelong interest in clinical genetics. Following this he was appointed to, the prestigious post of Post Doctoral Fellow in medical genetics at the Johns Hopkins Hospital under Professor Victor McKusick. There he remained for 3 years studying nerve growth factors in familial dysautonomia (Riley-Day Syndrome) which led to his MD thesis and the publication of his book



*'Prenatal diagnosis of genetic disease'.* From this time until he left for general practice he produced over 40 published papers. On return to England he was appointed as senior lecturer in medical genetics and honorary paediatric consultant to Southampton Hospital and set up the first genetics course for the students of the newly formed medical school and a clinical genetics service for the Poole, Dorchester and Basingstoke Hospitals. David was born into a medical family with strong Guy's connections. His father was a general practitioner surgeon in Devizes practising and operating until his eighth decade. David's two brothers both qualified at Guy's. The elder, Richard, was tragically killed soon after qualification. Stephen still works in the family

practice. Educated at Marlborough David came to Guy's for the last MB year. In those halcyon days there seemed to be plenty of time for activities other than the study of medicine. During this period he became a keen rugby player and developed his interest and skill in playing the clarinet, but his most enduring enthusiasm was for the mountaineering club. It was at the time of the legendary 1961 Hospitals Cup final that his skills were used to good effect. In the run up to the Hospital's Cup final students from St Thomas' had crept into the park in the small hours and had festooned the trees with slogans. David and members of the mountaineering club responded that night, scaling the outside of St Thomas' Hospital and securing a large flag which displayed the message 'Guy's for the Cup' and other less decent sentiments. This they attached to the tallest spire where it remained until after the Cup Final.

In his latter years he developed his interest in genetics to the study of banding patterns of snails on Salisbury Plains. He learned to ride; he painted and became a very competent caster of the fly on his beloved River Avon. His patients and colleagues held him in the highest esteem for his kindness and skill. He had no time for petty bureaucrats and always argued for the underprivileged. He was a fine example of a Guy's doctor, combining the highest

standards of care with science and expertise. He was indeed a noble individual who practiced humbly, yet allowed himself the occasional swipe at pomposity....One afternoon he received a telephone call from the senior paediatric registrar of a famous London hospital informing him of the details surrounding one of his patients - 'You probably won't be interested, but if you are, then I have put the reference to the published work at the bottom of the letter'. 'Yes', replied David, 'I am familiar with it. I wrote it.' Such was the regard his colleagues had for him that he was elected to Fellowship of the Royal College of Physicians in 1988, an honour which is exceptionally rare, if not unique, for a family doctor.

Not long before his death I had the privilege of fishing with him. In order to keep our appointed date he had a syringe pump analgesia fitted and was able to fish all day and finished with a fine brown trout of 4lbs. He bore his illness with stoicism and fortitude. The love and practical help from his wife, family and family doctor made his last months bearable and dignified. He married Diana Whitfield, a Guy's doctor, in 1966. She continues to work in the Westbury practice. They had three children. The eldest, Wendreda, is a member of the legal profession. Benet is a recently qualified doctor and Aidan is currently at Shereborne.

DJR



## ***Oliver Ive***

Oliver Ive qualified at Guy's in 1930. He was born 6 years after the twentieth century began and died 6 years before it is due to end. In the first half of the century it was a different world. Only a small proportion of the population could afford even a phone, let alone a car or an overseas holiday. But everyone sang, whistled or hummed the latest hit tune, because in those days they were all very singable. And Oliver loved those tunes and at Guy's before the war he was famous for his piano playing and each year he played and wrote and composed for the annual Residents Plays, in which the senior staff were mercilessly lampooned.

Sixty years later, way past 80, he was still busy playing the piano for local adult and children's groups in the Midhurst area.

Oliver was a fine doctor, who never attempted higher degrees or qualifications, but was not only an all round and experienced practitioner--

solid, understanding, kind, utterly dependable, with a room in Harley Street for many years. He also developed specialist knowledge in rheumatic diseases. I saw just how fine a doctor he was 52 years ago, when he (aged 35) and I (aged 20) were prisoners of war together. We remained close friends ever since.

My wife used to say how good looking he was. What struck me most was a voice of unusual warmth and sincerity that must have cheered up many patients--and I suspect melted the hearts of many young nurses.

He could also be pessimistic and gloomy. But even then he kept his sense of humour--he was a cheerful pessimist. He was also a bit of a cynic, but only because he hated humbug and insincerity.

After his family his greatest love was Guy's. I never knew anyone with a stronger love of the place. And that (as they say) is really saying something.

Oliver Ive, --husband, father, pianist, physician and friend--passed away on 7 February 1994.

**Thurstan (Tony) Brewin.**

## **Boat Club**

### **U H Head of the River**

With the ladies club away on a tour to Exeter, and the men's second VIII busy working for their imminent exams, UMDS was only represented in the UH Head by the men's 1st VIII, competing in the OPEN division. The absence of the two key members of the crew led to a scratch line up, which unfortunately was unable to practice before the race. Striking off the start at a steady 28, the previous months of training had paid off, as the crew found the rhythm and run on the boat. Excluding the brief lack of concentration near Kew, this rhythm was maintained until the end of the race. A final time of 14 mins 27 secs was good enough to give us the second fastest overall time, and confidence to face the Heads.

### **University of London Head of the River**

One week after the UH Head, was the University of London Head of the River, the course of which was amended by the UL officials as the crews were boating due to the large number of sailing boats near Hammersmith. A brilliant piece

of coxing at the start saw us right up on UCL within one minute. After they had done a burn for 10 and made no ground, cox called for a 'push 20', which saw us go from one length behind to one length ahead, whilst steering to force them wide and out of the stream. The crew then settled into a smooth, powerful rhythm and kept drawing away from UCL throughout the race, closing down the next boat, LSE, to a mere two lengths, despite their 90 second start time advantage. Gearing up to overtake LSE, the crew were somewhat surprised to hear the finishing klaxon as they cleared Kew railway bridge, the marshal's vague instructions at the start leading us to believe that the finish would have been the next island, past Kew road bridge. Despite the lack of a finishing sprint, the crew rowed back to the boat-house quietly confident with themselves, and pleased with the way they had rowed. An hour later, when the results appeared, our confidence had been justified--UMDS men's 1st VIII was announced as winners of the UL head of the river and men's open division (which also included the University of London developmental boat--time to celebrate!

## **City of Bristol Head of the River**

After the recent success in our 'local' University of London Head, the men's club were eagerly looking forward to the Boat Club tour of Bristol and a chance to complete with national crews. Arriving in Bristol in the late afternoon, the Senior coxless IV and Novice coxed IV took to the water for a paddle along the course to familiarise themselves with the landmarks, and to give the steersman a chance to tackle the notoriously tight 110 bend, encountered a few minutes after the start. Saturday evening gave us the opportunity to head into the centre of town in search of food and drink, and make good use of our late-pass to the Youth Hostel.

An early start to Sunday morning allowed us time to compete putting the boats together and watch the first division from a vantage point near the pub we had visited the previous night. On returning to Bristol boat club, the men's first VIII boated and rowed off, realising that they would have to contend with a much stronger headwind than the previous division had had to. Storming through the tunnel at the start of the race, the crew overtook the only crew in front of them within one

minute, and thereafter drew away from the entire field. In the event, our final time of just over 12 minutes was fast enough to win our division, come second in the Senior 3 Vllls class, and finish sixth overall, in a field which included crews of up to Senior Open standard. Our smaller boats were racing in the third division, and all the crews were relieved that the headwind had died down, making for improved rowing conditions. The coxless four were first to race, quickly finding the run of the boat, and even



Heirs apparent--future men's captain and vice captain get flexible in Bristol

making up ground on the local club's Senior VIII-. However, due to some truly dreadful steering by a school-girl VIII, we lost 30 seconds by having to retrieve our blades from underneath their boat, after a major blade clash. Picking up from scratch again quickly, we stormed home in a time of 13 mins 42 secs, winning our category, and losing to the Senior I boat by half a minute--the price of the blade clash. The winning crew was John O'Leary, Steve Arnold, Sidd Nene, and steersman, Neil Harrison.

The men's Novice IV+, of Kieron McVeigh, Al Morton, James McIntyre, Paul Poynter-Smith, and cox, Robin Smith were next off, rowing with blistering pace which saw them finish 50 seconds clear of the next novice crew (despite time being lost when one of their blades came out of it's gate), beating some Senior 3 coxed fours in the progress, and picking up

the prestigious Bass Trophy. Finally, Tim Webber outshone every other sculler to win the Senior I sculls by a clear couple of minutes, passing two fours and a pair in the space of about 500 metres.

After loading the boats, the prizes were presented to our successful squad by World Champion and Olympic gold medal oarsman Johnny Searle. A 'quick tour of Bristol followed, organised by 'Mong' McIntyre ('My mate knows this fab pub a short drive away which sells 12% cider.....'). Needless to say, we never found the aforementioned pub but after a pizza and some celebratory drinks in a different hostelry, we returned to London with our trophies. Finally, special thanks must be made to J P Carpenter for towing the boats and Al Morton for driving the minibus, both agreeing to do so at short notice.



The successful tour party with Johnny Searle



## *The Head of the River 1994*

The biggest eights race in the world was held on 26th March, with UMDS being represented by the men's 1st and 2nd VIIIs, the second crew having been finalised the week before. After watching the Oxbridge race away from the festivities of the Guy's Hospital Boat Club 150th celebrations, the men's first VIII arrived at the boathouse focused on the race, and in time for a pre-race outing.

After waiting for what seemed like hours for the 372 crews in front of us to start, the 1st VIII flew off the start at an incredible rating of 38, which was held for the first two minutes. Thereafter, stroke took the rate down by one for every minute until a rating of 33-34 was reached, which the crew held until the end of the race. The race

itself was dramatic to say the least, a blade clash with an Austrian crew we were overtaking necessitating the crew to stop rowing momentarily, and our coxswain having to steer a tricky course in order to avoid the slower crews who were making passing difficult. Nevertheless, the final time of 19 min 25 sec was the fastest time a crew from Guy's or St Thomas' had posted in several years and was only just over a minute slower than the time 'the finest ever Cambridge VIII' had posted in the opposite direction earlier in the day. The 2nd VIII had a less successful race, however. Starting even further back than the first VIII, at position 406, they not only had to contend with much slower crews but also a recurring problem which saw stroke's seat jam in the runners several times during the race. Their time of just under 21 min was a gallant effort under the circumstances.



## **United Hospitals Bumps**

The Hospital's Bumps were held over three consecutive days in the middle of May, and this year were being run by the London Hospital. UMDS entered five mens boats, and three women's boats. The ladies division was first to row, and the ladies first VIII had been practising for weeks under the experienced guidance of Alec Hodges. On each of the three days, the crew gained ground on the Charing Cross crew in front of them, but, over the shorter Bumps course (for the ladies and the mixed division), they found they could not close the gap enough for them to bump. On the third day, Charing Cross found the little extra speed needed to catch the Head London crew, leaving the ladies fending off the chasing Bart's crew who had got a lightning start at the klaxon, and who caught them towards the end of the course. The ladies second crew, organised by Lucy Nicholson and coxed by regular coach Justin Rodgers (12 stone plus ?) did excellently, bumping on the first two days, and narrowly missing out on earning their blades when chasing a good George's

crew on the Wednesday. It was especially noteworthy when the crew had only had a couple of practice outings before the first race. The ladies novice VIII suffered on the first day, from no-one being able to hold them off properly at the bank, although they did well to hold their place on the last day, against a good chasing crew.

UMDS had only two boats in the mixed division, those being men's crews; one of ex-rowers and Hockey players in one of our wooden 'training tubs' - the crew threw everything they had at the race, but against Mary's third crew in a lightweight plastic boat, they had little chance. The other entry was on the last day when members of the Wine Society borrowed our other wooden VIII and carried out some 'tastings' on the water. Both crews carry on the tradition of non-rowing participants in the Bumps and add to the overall atmosphere on party day.

There were three mens crews who competed in the first division. The men's third VIII (in reality the second boat in disguise), started at position 15 and much was expected of this crew. Bumping on each of the three days ( Mary's II, London III, and Charing Cross II were on the receiving end), the crew of Paul Poynter-Smith, Kieron McVeigh, Al Morton, Nick Marshal, Alex Jeans, John Anns, Dylan Jewell, Steve Lewis and cox Rob Huggett fully deserved to earn

their blades. For bow three in particular, this was a sweet occasion, as it was the 'hatrick' --three sets of blades in three years. UMDS men's second boat was a scratch crew of rowers who had all rowed recently, all of whom had at some time rowed with the first VIIIs of Guy's, St Thomas' or UMDS. Aside from their brief warm-up outing, the crew lined up at the start for the first time, and despite holding off the London second VIII for a couple of minutes, the lack of practice showed, and they were caught shortly before Kew. Unfortunately, injury to stroke man on this day meant that, with no replacements, they had to withdraw from the remaining two days racing.

The men's first VIII had long been focusing on the Bumps, hoping to succeed where last year's Guy's 1st VIII had just failed--to depose the London from the top of the Bumps after five years. Under the guidance of our captain, Tim Webber, and despite exams and project deadlines, the crew had been practising regularly in the preceding month, and were eager for the Bumps to arrive. On the first day's start, despite the tension, the crew pulled away from the bank swiftly and smoothly, and began the chase of the London. After a mere three minutes rowing, the crew were amazed to be told by cox that we were already within half a length, and that we had actually caught them by Kew Bridge. Despite

repeated overlap, the actual Bump took another two minutes or so, as the London thrashed around like a fish out of water, desperately trying to avoid the inevitable. However, towards Kew rail bridge, the whole crew felt the judder in the boat, as our bow hit their stern. Despite this, the London kept rowing and claimed at the finish, that we hadn't bumped them. A heated discussion at UL boathouse saw matters corrected, and a crew from UMDS had gone back to the Head of the River for the first time in about twenty years. Tuesday's race was approached with confidence, with the knowledge that we were significantly faster than the London, and that they were being chased by a good Mary's crew, which had caught Bart's easily the day before. In the event, the race was actually quite enjoyable, as Mary's caught the London fairly easily, and all our opposition was left floundering, as we rowed off into the distance. Wednesday's race, however, proved to be our biggest test, as Mary's looked a class above the London, and we approached this race with the knowledge that there may be a boat of similar standard chasing us. In the event, we need not of worried, as, off the start Mary's made no impression on us, and we quickly found our smooth powerful rhythm and started to pull away. By the time we were passing UL boathouse, we had opened up a gap of three lengths on

them, and were quite happy to finish a similar distance ahead. Needless to say, the whole club had plenty to celebrate at the party on Wednesday evening, not least because of the return of the Headship cup to Guy's and St. Thomas's. The winning crew was Neil Harrison, John-Paul Carpenter, Steve Arnold, Rob Weir, Andrew Hobkirk, Tim Webber, Rob Pinckney, John O'Leary, and coxes Mo Roy and Emma Helm.

The Bumps were the crowning glory to a fine season's rowing, in a year where the boat club has again proved to be the most successful club at UMDS. The successful defence of the United Hospitals cup in the Winter Regatta was the start of many victories yet to come, against broad opposition - the ladies winning Head

races at York and Exeter, and the men winning the men's open division of the University of London Head as well as the many medals and trophies won at Bristol, and a credibly fast time in The Head of the River. The regatta season brought continued successes, the men coming close to making a real upset at Marlow, and the ladies winning the annual regatta at Chiswick, and no less than two gold medals at the London Docklands Regatta, in the college VIIIs, destroying some very distinguished opposition.

**Steve Arnold**  
Secretary

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## University Awards

LLM Dr Micheal Knight (Guy's 1965-70) MB BS MRCP DMJ(Clin) has recently been awarded the degree of Master of Law (Legal Aspects of the Medical Practice) following a part time course of the study at Cardiff Law School, University of Wales.

## Apology

The painting entitled 'Le Parc de la Fontait, Nimes' on page 158 of the April issue of the Guy's Gazette was not painted by W N Mann. The painting on page 157 is in fact the 'Le parc de la fontaine, Nimes' by W N Mann.

## Historical Lecture

A SEMOM LECTURE given by Professor Med Wolfgang Draf (Chairman, Department of Ear, Nose and Throat Diseases and Head, Neck and Facial Plastic Surgery, Fulda, Germany) entitled "History and Practice of Endoscopic Surgery" is to be held at the Royal Society of Medicine, Barnes Hill, 1 Wimpole Street, London, W1 at 9.30am on 4 November 1994.

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| <b>Treasurer</b>        | <b>John Aung</b>                                                     |
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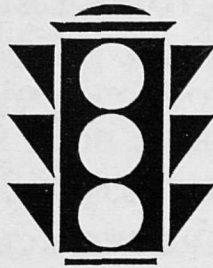
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## May 1994

- Consultants and Community March
- Campaign Update
- Animal Experimentation



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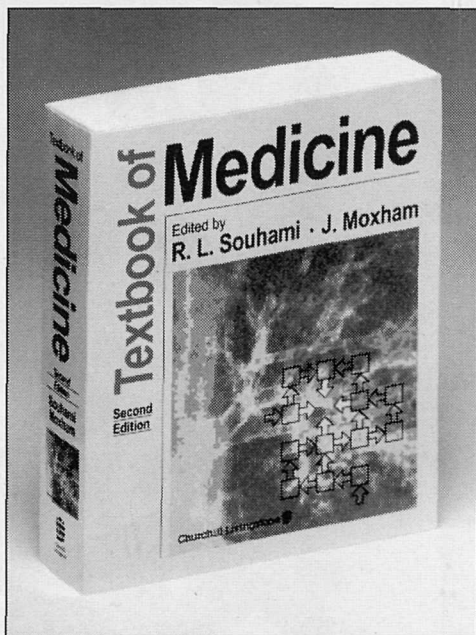
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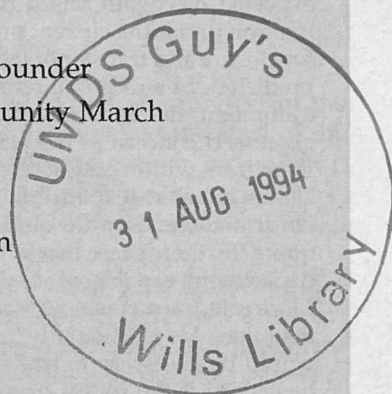
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## Guy's Gazette

**Editor** Romila Bahl **Assistant Editor** Alamgir Kabir **Sub-Editor** Anthony Parsons, Sunita Gossain **Features Editor** Sanjay Varma **News Editor** Bav Shergill **Nursing Notes** Denis Cobell **Office Manager** Margaret Flanders.

The opinions expressed are those of the authors and do not necessarily represent the views of the Hospital.

Volume 109 Number 2439 May 1994  
ISSN 0017-5870

Guy's Gazette, Boland House, Guy's Hospital, London SE1 9RT.  
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Printed by Hobbs the Printers of Southampton

## Passim

The news that St Bartholomew's Hospital is to close sooner than originally expected has again raised the issue of healthcare provisions for the City of London under the current proposals. Many fear that the accelerated timescale for closure and transfer of facilities to the London will add to the chaos already predicted. In a recent letter to Max Rendall, Co-Ordinator of the Save Guy's Campaign, the Superintendent of the City of London police, Mr D Randall expressed concern at the effect of removing a second large casualty department from within easy access of the City. The police, as Mr Randall states in his 2letter, have the responsibility of co-ordinating action should a major incident occur and the City, (to quote) 'is uniquely vulnerable to such incidents'. To quote further from the letter 'The removal of a second major A and E department capable of dealing with the number of casualties following a Moorgate train crash, St Mary Axe bomb or other such incident does cause disquiet.' He particularly mentions the increased distances over which it would be necessary to transport casualties, the traffic congestion that would be caused if the routes from the City to the remaining hospitals (UCH, The London, The Homerton and St Thomas') were to be protected by the police, as is standard in a major incident, and also the lack of facilities for the walking wounded. In conclusion Mr Randall states, 'We do wholeheartedly support the retention of Guy's Hospital Accident and Emergency Department as an essential adjunct to the City's health and welfare.'

Indeed, major incidents and the City aside, the idea of having to travel further, coupled with the notoriously congested state of most main routes in London and the already over-worked status of Lewisham and King's A & E makes being a casualty in Rotherhithe, Bermondsey or Deptford a worrying prospect.

The reason speculated by one London evening paper for the acceleration of closure was to prevent salvage of Bart's should a change of Government occur in two years time. One feels that the extraction of reason out of decisions made with regards to the future of London's healthcare is something defiantly best left to political 'pundits'. Those who feel strongly about the future of Guy's should stick to simple logic and fact, advising their MPs of the facts about closing Guy's (see fact sheet enclosed) and the concerns voiced by people such as the Police Superintendent. This informing of MPs, though no doubt repetitious, is essential, especially prior to and during option consultation period.

The mood at Guy's is optimistic and the hospital on a day-to-day level is functioning normally despite the sweltering heat. Temperatures in some areas of the hospitals (including this office—air conditioning please!) have reached well over the 90s and a fair few tutorials have been spotted taking place in the park. Reminders of the lack of certainty about the future, however, are all too frequent. Patients rather nervously make light of the matter, jesting about the hospital not being here for their next six monthly check-up and confusion about the exact jobs available next year remains. It is not an easy climate to plan ahead in but despite the situation being not of its making Guy's is determined to battle through and restore a degree of sanity into the future of London's healthcare.

## ***Failing the final year***

Dear Sir,

The recent results of MB BS at UMDS are of great concern. I understand 25 medical students failed at least one examination. Such results are unacceptable and must reflect partly on the school. I believe that all students have the capabilities of such a demanding course but something has gone wrong. The difficult task ahead is to ensure that such results are not repeated and that whatever has been lacking in the education of medical students is remedied. The new curriculum that I am a supporter of has been introduced at the expense of remaining students on the old curriculum.

The overlap of medical and surgical firms (January-March 1994) was undesirable and resulted in final-year students being sent away to far peripheral sites. With no guarantee of quality of teaching or indeed facilities, this was for many a great blow. The safety net of the old campus teaching might have saved some of these students but the very large sizes of campus firms meant for some a

firm of 20. A follow-on effect of the changes also delayed the start of the revision lecture course and when it did start lectures were cancelled, replaced with different ones or moved from campus to campus.

The new final year (clinical entry 1992) will also be affected. The start of the new medical and surgical firms was not without problems. Lists were released very late and on the first day many students were without firm timetables, with no-one accepting responsibility. The second firm is to be shortened by one week, leaving just five weeks of teaching. Further problems are anticipated on return from elective.

There are always difficulties in introducing a new curriculum but the principle of standards in medical education should not be compromised. SMEC can only try to ensure standards are met but the School will need to seriously examine the high failure rate to avoid a repeat.

Yours faithfully,

**OMAR RAHIM**

Student Medical Education Committee

## ***Congratulations--MB BS***

A full list of June 1994 qualifiers will appear in the next issue. The Gazette would welcome comment on the structure of final medical and surgical firms and the quality of teaching available.



## *Re-erecting the Arch*

Dear Sir,

Those readers who remember the Guy's site before the 1960s will, I am sure, be pleased to know that the Trust Board have approved the letting of a contract to re-erect the Guy's War Memorial Arch--thanks to a most generous grant by the Special Trustees of Guy's.

For younger readers a little information on the Arch and its history may be appropriate.

The Memorial Arch formerly stood at the junction of Great Maze Pond and Collingwood Street, the road leading into the park to the south of Guy's House, and opposite what is now the Tower Boilerhouse but was once the site of the student's college. Unfortunately the Arch had to be taken down in the early 1970's because it was too small to allow modern fire engines, delivery vans and the like, to pass through.

Engraved on the Arch are the names of Guy's men and women who died in the First and Second World Wars and it was the entrance to the Memorial Park which was re-landscaped two years ago. The Arch was originally erected in 1921 and unveiled by HRH the Duke of York (King George VI) that July. In the early 1950s the names of those who had died in the Second World War were added.

Since the Arch is inextricably linked with the Memorial Park its new location will be at the southern end of the Park, in front of the less than attractive northern facade of Nuffield House. It will have a paved seating area and some additional landscaping.

Work will start in June, almost on the anniversary of D-Day, and be completed by early November this year, in time for Friday, 11 November--Remembrance Day. A Remembrance Day Service is being planned for that date and further details will be published in a future edition of the *Gazette*. It would be most helpful if any readers who would like to attend this ceremony could drop me a line so that we can estimate numbers and make the necessary arrangements.

Apologies go to Park users and occupiers of adjacent buildings, who may suffer a little inconvenience during the process. The Arch is made up of a number of large Portland Stone blocks which are extremely heavy and will require craning into position. Originally the Arch was borne on mass concrete foundations of about 12 foot cube size. The time required to dig out this sort of trench, together with the problems of removing the soil, and the heavy digging equipment involved do not make this a sensible solution for today when piling rigs can provide a better, cheaper and quicker solution. Piling

will occur for 1-2 weeks at a date to be agreed in June. There will, however, be a little noise during this activity.

The southern end of the Park, from the mound to the Nuffield House wall, will be cordoned off, to give the builders a suitable working area and for safety. However the remainder of the Park will not be affected and will still be enjoyable on those days when the British climate allows us to sit outside.

I am sure that most people will be glad to see this symbol of Guy's tradition back in the Memorial Park and

I assure you that we will do everything possible to keep any inconvenience to a minimum.

I may be contacted on 071 955 4365 (extension 4365 off the Guy's Switchboard) of at First Floor, Conybeare House, Guy's and look forward to hearing from any readers who would like to attend the Remembrance Day Service.

Yours faithfully,

**SANDRA M CARNALL**  
Assistant Facilities Director



The memorial arch in its former position

The following reply from Dr G W Scott to Virginia Bottomley highlights the unpopularity of her decision and the enormity of its implications. More letters of a similar nature would no doubt convince MPs of the need to drastically alter the proposals of 10 February 1994.

The Rt Hon Virginia Bottomley  
Secretary of State for Health  
Richmond House  
79 Whitehall  
London SW1A 2NS  
10 May 1994

Dear Mrs Bottomley,  
Thank you for taking the trouble to reply to my letter (March 1994 *Gazette*, p91). However, I was disappointed that you did not comment on the points raised but mostly gave your thoughts with which I was already familiar. I have delayed replying to you until after the Council elections in the hope that you will have at last got the message. The public is greatly concerned with what is happening to its hospitals and this was a major item affecting the results. It has been very much a local issue as well as a general one, especially in London and its surrounding Boroughs. For your information, the three Conservative counsellors up for election in the Borough of Bromley Ward where I live have informed me that they are strongly against closing this great hospital. Furthermore, as a result of

the general turmoil being created in the hospital service there is much distress and disillusionment for those who work in it. Morale is very low. The public are aware of this but the Department of Health apparently is not and this unhappy state of affairs will not be cured by platitudes. So far as Guy's is concerned, this is not just a little district or cottage hospital which is threatened by closure and you seem unaware of the enormity of the proposed action. If you were to go to America and ask around which were the most important hospitals in England, you would get the answer that a few names were known but the most prestigious hospitals were the Hammersmith and Guy's. American colleagues are astounded that Guy's Hospital could be closed. Medical teaching and research cannot be effective in the absence of a proper clinical setting. Guy's is a hospital and it serves a large community but it should not be regarded as a district hospital alone. It has specialist units of world renown, is a premier teaching hospital and has attracted people of incredible talent. The buildings of New Guy's House, Guy's Tower and now Philip Harris House have been designed and planned for the purpose of keeping the hospital in the forefront of medicine as we approach the twenty-first century. It is something the country should be proud of and not disposed of lightly. It is regretful that you are not considering a

two-site option as this would have saved much aggravation and cost and enabled proper use of the buildings in both hospitals in a shorter time-scale.

During the period of consultation which you mention, inevitably there will be a very active campaign against the present strategic direction and it would save much anxiety, effort and expense if the situation could be reviewed at the present time. Meanwhile, the Friends of Guy's will do their best to try and maintain morale on the Guy's site but you do not make it easy for us.

With best wishes,

Yours sincerely,

G W SCOTT MD FRCP

Chairman Friends of Guy's Hospital

## ***High Sheriff of Essex***

Dear Sir,

Readers of the more serious newspapers may have learnt that the distinguished novelist Miss Evelyn Anthony has had the unique honour of being appointed High Sheriff of Essex.

However, they may not have appreciated that Miss Anthony is the great great grand-daughter of Henry Stephens who was a friend of and shared lodgings with John Keats in St Thomas Street. Stephens recorded that he and Keats, 'were constant companions' while at Guy's and indeed Keats took the trouble to visit

Stephens at his practice at Redbourn in 1818. It was their last meeting.

Stephens has been credited with having suggested to Keats that 'A thing of beauty is a constant joy', might be better phrased as 'A thing of Beauty is a Joy for ever', but there is little to support this idea.

Ironically, Stephen's name became far better known to the general public than Keats' as a consequence of Stephen's invention in 1832 of blue-black ink which remained in use for more than a century. As a result of the commercial importance of his ink, Stephen's name was immortalised by innumerable advertisements depicting a huge ink blot with his signature across the middle of it. These used to appear on every railway station and often on the risers of all their stairs.

Despite the chance to become a thriving business man, Henry Stephens remained dedicated to his profession, became an effective doctor and published a treatise on hernia.

Miss Anthony has written many books but is probably best known for 'The Tamarind Seed' which has sold 14 million copies and been made into film.

Yours faithfully,

R A CAWSON

Department of Surgery

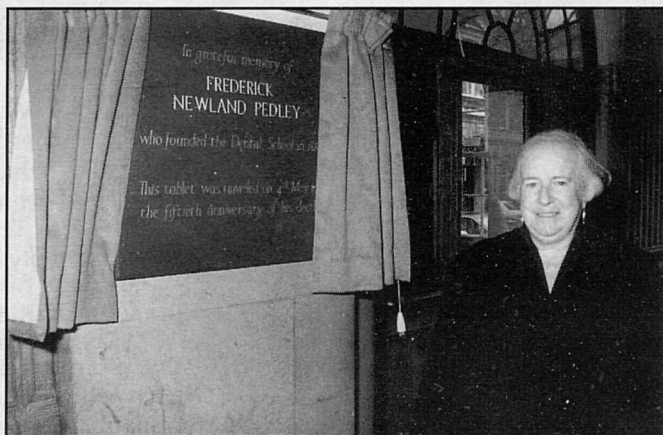


## ***The Dental School honours its founder***

Frederick Newland Pedley founded the Dental School at Guy's in 1889 and later retired to Italy, where he died on 4 May 1944. 50 years to the day, his life and foresight were commemorated by his successors in the presence of many of those who had been the recipients of the Newland Pedley Medal and Prize for Operative Dentistry during their time as students at Guy's and a host of welcome visitors from sister establishments and the governing and professional bodies of dentistry.

Emeritus Professor AHR (Jack) Rowe began the day with a lecture on the life and work of Newland Pedley and this was followed by the unveiling of a plaque to his memory by

Signora Germano, with whose family Newland Pedley had lived during his latter years in Italy, and to whom he had been a grandfather figure. After a lunch in the Glaziers' Hall there was the annual graduation ceremony of dental graduates in Southwark Cathedral, at which Lord Hayhoe, Chairman of the Guy's and St Thomas' Hospital Trust presented the certificates. The day ended with the Centenary Dinner of the Guy's Dental Society, held in the Tower Thistle Hotel, at which the President of The General Dental Council (Sir David Mason), Dr Robert Knight, Professor Frank Ashley and Mr Nigel Fisher were the after-dinner speakers. The annual report on the activities of the Society was presented by the Student Secretary, Mr Rajiv Bandlish.



Signora Germano unveiling the new plaque

## **UN commendation for UMDS student**

Suzana Hubjar, a clinical medical student from Bosnia, who joined UMDS in 1993, has received a commendation from UNPROFOR (the United Nations Protection Forces). The citation reads:

*Miss Hubjar served as an interpreter for the Vietez Liaison Officer (Winston Churchill MP). As the Croat pocket has been a dangerous area she had to face personal threats from both warring factions daily. When several vehicles from the British battalion were taken hostage by local soldiers and civilians the situation got very tense and emotions ran high. No access was allowed to the trapped vehicles, which were surrounded by mines and heavily armed people. Miss Hubjar left the armoured vehicle and walked into the crowd to negotiate the release. Despite extreme hostility and a direct physical threat, she managed after two hours and repeated efforts to calm the soldiers around the vehicles and neutralise the threat.*

## **NHS Performance Tables**

For the first time 'league tables', better known as National Performance Tables have been published by the Government. These tables are part of the audit system in hospitals and attempt to measure performance against a range of Patient Charter standards. They use a number of categories and each hospital receives a score which is decided by using patient statistics and satisfaction ratings on a star system. The areas examined include time for first assessment for patients attending Accident and Emergency, waiting times in outpatient clinics, cancelled operations, percentage of procedures carried out as day cases and waiting times for operations.

Guy's and St Thomas' performed reasonably well in all areas, the weakest area being outpatient appointment waiting times. Both hospitals won stars in all categories except three. These were Accident and Emergency waiting times, cancelled operations and outpatient waiting times. 95% of patients were assessed within five minutes of arrival. These were not patients as they came in through the doors, but patients at the ambulance entrance. In other categories both hospitals achieved stars.

## Widespread feeling against Proposals

*Consultants and community march to save Guy's*

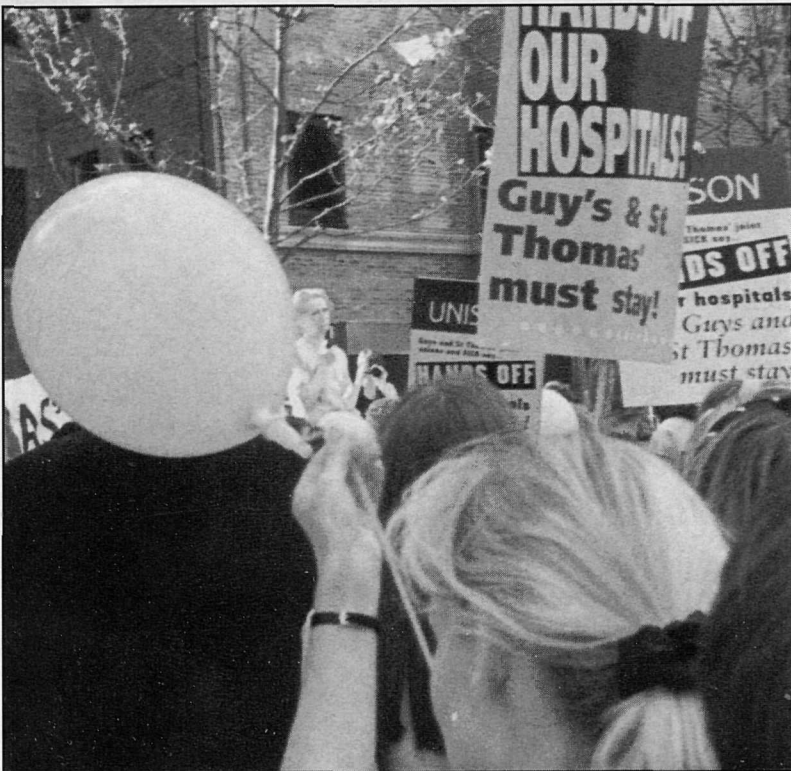
**O**n Tuesday 5 July, the 45th anniversary of the NHS, around 1000 people gathered outside Guy's Hospital to participate in a march arranged by the SICK campaign, local community campaigners and trade unions representing staff at both hospitals. After rousing speeches from determined campaigners and an address by Margaret Beckett (acting Labour Party leader) the enthusiastic marchers set off for Jubilee Gardens on the South Bank, led by a jazz band. The marchers wound through the backstreets of Southwark and Lambeth, encouraged on their way by cars tooting support and local residents waving from their balconies. The rather large police presence did not hamper the congenial atmosphere--indeed their attitude was certainly friendly. Those participating ranged from vociferous community leaders, eager to stress the need for Southwark to keep its famous hospital, toddlers proudly flying Save Guy's balloons from the handlebars of their pushchairs, briefcase-laden consultants, students in theatre greens, and staff from both sites. Aside from the ever-present 'find-a-cause' socialists (who tried to drown out the jazz band with cries of 'Ginny out') the march reflected the sheer scope of those eager to see Guy's remain fully functional. From local residents, patients, ex-patients, relatives and those working and training at Guy's the feeling against the decision was unanimous and determined.

The marchers then went across to the Houses of Parliament, where a lobby of MPs, organised by the Save Guy's Campaign, had taken place earlier that afternoon and a few of the front group were invited in to see their MP. Simon Hughes, MP for Southwark and active Save Guy's campaigner also answered questions and announced proposals for stepping up the campaign. He reiterated the fact that Virginia Bottomley had stated the proposals were for discussion only and were not firm decisions for immediate implementation. He also mentioned that there is some evidence of a change of heart at the top--indeed the Financial Times that evening ran an article entitled 'Cabinet reshuffle may save hospitals' in which was written, 'John Major is said to be particularly concerned about the decision to close in-patient services at Guy's Hospital'.

The article also suggested that Ministers believed the impending Cabinet reshuffle could provide an opportunity for a rethink of the Tomlinson report and pertinently observed that Virginia Bottomley's successor, 'would be in a much stronger position to announce a review of the planned hospital closures and mergers.'

The march was certainly a success and it appears imperative that political pressure and visual evidence of the support for maintaining both hospitals be maintained, especially prior to and during the consultation period.

**Romila Bahl**



Margaret Beckett addressing the crowd





Winding along from Guy's with police escort



Placards proclaim the sentiments

# Pressurising politicians

## *Parliamentary lobby to save Guy's hospital*

**O**n Tuesday 5 July appointments were made for 150 people from all over the country, as far as Scotland and Cornwall to meet their constituency MPs in order to discuss the proposals for the future of Guy's Hospital.

To launch proceedings there was a photocall including (rather appropriately) Paul Eddington of Yes Minister fame, The Bishop of Southwark, Rt Rev Roy Williams and television presenter Janet Ellis. Together with politicians from the three main political parties they faced television and newspaper cameras and interviewers and ensured the event was well covered in the media. Much attention was directed toward Beth Hutchings, an attractive 10 month-old girl, whose life was saved by heart surgery at Guy's when only a day old. Accompanied by her parents and the Guy's surgeon who performed the operation she joined the photocall.

The lobbyists included people who had trained at Guy's, patients, ex-patients and relatives. Many stressed that the treatment received at Guy's was not available elsewhere. It was notable that several Conservative MPs were 'unavailable', despite the fact that many of their constituents had travelled long distances. The group congregated at Church House and were accompanied to the House of Commons Lobby Chamber by members of the Save Guy's Campaign Office and Community Health Council. The Unison Parliamentary Officer advised on procedure. All participants were asked to complete a response form and details of these will be analysed very carefully and comments followed up with further lobbying if necessary.

It was a beautiful summer's day and the entrance by St Stephen's Gate was crowded with lobbyists carrying banners and Save Guy's balloons. The consensus of those organising and participating was that the lobby was a useful, informative exercise. Remarking on the lobby, *Simon Hughes, Southwark MP* said, 'People are coming not just from London but all over SE England and across the country from as far afield as Cornwall and Scotland to lobby their MPs. This shows the breath of opposition to the Government's proposals.' This was an opinion backed by *Tessa Jowell Dulwich MP, (Lab)*,

*'On the anniversary of the NHS, Londoners are giving a very clear message to the Government to stop running down London's health services.'*

# Save Guy's Campaign

## *Update of activities*

**T**he Secretary of State's letter to Sally Keeble (see April Gazette) has certainly given an additional boost to the profile of the 'Save Guy's Campaign'. In the words of one office coordinator, 'It makes us feel as if the cause has been recognised by the policy makers and the issue is open to reappraisal. Saving Guy's is becoming a real possibility.' One of the problems currently facing the campaign (aside from the ever-sparsity of cash) is how to maintain a good level of public awareness. Now that the proposal to close Guy's and its implications are widely known, the national media's interest has somewhat subsided. However if Guy's is to remain a functional hospital then the threat to its future must remain an issue current in the minds of politicians and public alike.

## **New members of the campaign committee**

The Save Guy's Campaign Committee has been joined by Dr Hugh Saxton and Mr Max Rendall. Readers will remember that Hugh Saxton served for many valuable years as a consultant radiologist was Chairman of the Medical and Dental Committee and later Chairman of the Guy's Management Board. Max Randall was a consultant surgeon and also Clinical Superintendent for nine years, until that post succumbed to recent organisational changes. They base their commitment not only upon a desire to see the preservation of a worthwhile and respected institution, but also on simple fact—London, according to the objective, unbiased work of Professor Jarman (St Mary's) needs more beds not less. The current proposals of compressing in-patient facilities onto one site will compound an already fragile situation. They are also greatly encouraged by the recent study by the influential Kings Fund Institute, which has concluded that health care in London is now underfunded to the tune of £200 million a year.

## **Re appraising the recommendations**

The Tomlinson recommendations were labelled 'disastrous' by the British Medical Association who unanimously voted for a reappraisal at its annual conference and the Department of Health has announced it will fund a fresh

investigation into bed closures, to be carried out by Professor Jarman and independent health experts. In a recent lecture at London University's Senate House, Professor Jarman argued that London is now worse off in bed numbers than the any other OECD country.

### **Consultation period**

It appears that the consultation period of proposals will take place from September through to December and it is hoped that those who feel strongly about the future of the hospitals will write to their MPs and Trust members. It is most important that concerns and opinions are expressed prior to the production of the consultation document.

### **Petition signatures**

The collection of petition signatures is progressing well, with over three quarters of a million to date. Leaving out petition forms in public places, or, for the more vociferous, canvassing for signatures, serves two vital functions. It keeps the issue current by asking people to reflect on the implications that closing Guy's will have and also means that, when a million signatures have been collected, Parliament will be forced to debate the decision. One local lady showed an admirable enthusiasm for mustering support. Complete with, walking stick and a newly fitted (Guy's) soft collar she refused to let the Jubilee Extension line workers out of their manholes until they had considered signing the 'Save Guy's' petition. South London Press, the newspaper for the Guy's area, has taken a very active interest in saving its local lifeline. It organised a successful press lobby of Parliament and is running updates on the campaign and pieces on Guy's in each issue. The Campaign Office would appreciate any anecdotes or stories readers may have that reflect the uniqueness of Guy's or its role in the local community.

### **London needs Guy's and St Thomas'**

The consensus of the 'Save Guy's Campaign' is both St Thomas' and Guy's are required if London is to maintain an adequate level of healthcare. The gradual erosion of London's hospitals is causing concern elsewhere. John Lister of London Health Emergency recently spoke of London losing its status as a centre of excellence as continuing cuts caused a decline in standards, education and research. The prospect of London, to quote Mr Lister, 'being relegated to second league' is not one to be relished but will become increasingly probable if the current proposals for Guy's Hospital are not altered.

**Romila Bahl**



# *Animal Experimentation*

*NAVS and medical research*

**T**esting on animals is an emotive issue with well-funded and well-organised lobbies both for and against. Indeed the actual issue of animal experimentation is often overshadowed by the friction between both sides. Some groups appear more interested in the other side receiving adverse publicity than in informed, rational debate. It is an issue that inevitably affects those who work in the field of medicine. Fundamental teachings in medicine, especially within physiology, pharmacology and even psychology are based upon animal experiments and the debt owed by medical research to animal models is immense. The advent of new tools, however, and interest in their use as alternatives to animals adds a new dimension to the issue. This article briefly outlines some questions that arose from Lab Animal week 17-24 April 1994. The aim of the article is to prompt consideration of the issue rather than reaction to it. Further opinion and information from readers would be warmly welcomed

## **Unlocking the labs or padlocking research?**

On 17 April NAVS, the National Anti-Vivisection Society held a march and fair to mark the start of 'Unlock the Labs' week. In a press release launched just before the march the Research for Health Charities Group, an association of charities headed by Professor Nick Wright vigorously defended the use of animals for important medical work. 'No-one wants to see animals involved in medical research unnecessarily. The truth is that animals are only considered when there is no other way of doing the work.' (1) states Prof Wright. Many anti-experimentation groups however feel alternative methods for testing and experimentation are increasing in sophistication and are available. Dubbed 'Real Science' by the Lord Dowding Fund for Humane Research, they include analytical techniques (spectrometry, chromatography--used in insulin assay), cell, tissue and organ culture (the Aimes test for carcinogens saves 25,000 animal lives a year), quantum pharmacology (computer based study of the structure of drugs and their receptors in the body) computer and mathematical models and epidemiology. Significant discoveries using these methods have been the genetic cause of Down's Syndrome and the means of transmission of AIDS amongst others. The question which arises again and

again from the claims and counter claims is 'What can vivisection offer us that is unique?'

### **Possible alternatives and the lack of information**

Some of the pro-vivisection lobby firmly believe that clinical, analytical studies and computer modelling are ultimately no substitute for tests on a living being. Yet the well-documented cases of penicillin (kills guinea pigs), morphine (excites cats and mice, calms rats and humans), aspirin (lethal to cats), tamoxifen opens up doubt on the reliability of using of 'lower' animals as physiological models for humans. Dr Peter Mansfield, the founding president of 'Doctors in Britain Against Animal Experiments' considers that, 'There is no comprehensive animal model for humankind...The truth is, and always has been, that the first clinical use of new medication in human patients provides the first reliable clues as to what can be expected of it. Pre-marketing research on animals is a lottery; post-marketing surveillance comes too late for the first human victims of side effects.'(2)

Viewed from another angle, the proliferation of improved drugs for diseases such as cancer, heart disease, arthritis and diabetes may be masking the true issue--that of lifestyle. A diet rich in animal and saturated fats, a life dominated by stress--these are known to contribute to the incidence of many modern diseases. Contrary to being distressed by the 'misleading claims' of a 'small group of vociferous extremists'(1) I met people on the NAVS march affected by such diseases who were angry at the lack of choice and information about the alternatives to dependency on animal-tested drugs. As one diabetic put it 'I refuse to allow these people to abuse animals in my name. By sticking to a strict diet and taking regular exercise, I don't have to add their deaths to my conscience. I take Humulin. which is synthetic, and check my glucose level with a monitor.'

Certainly, there are drugs produced both with and without vivisection that have improved the quality of life for many patients. No-one could wish to see the parents of sick children subjected to emotional blackmail through 'aggressive marketing tactics--a claim RCHG make against the anti-vivisection lobby. Yet there must be a freedom of information to enable choice in treatments.

### **Money, manipulation and misconception**

Prof Wright voiced concerns that respected figureheads 'think they are joining a campaign to stop cosmetic testing and they don't realise that they are trying to prevent life saving medical and veterinary research'(1). However, the speakers present at the rally, including Michael Elliott MEP, Andrew Walder MP, all stressed their opposition to medical, as opposed to cosmetic,

testing. In fact, as Dr Vernon Coleman (Plan 2000 group) explained, there is a widespread misconception, even amongst MPs, that vivisection is a legal requirement. Despite claiming that 'We have nothing to hide', there is much complaint about the lack of freedom of information where the practice of vivisection is concerned.

The issue of funds adds another dimension to the dilemma. The Lord Dowding Fund makes the claim that alternative techniques often speed research and reduce costs—a factor crucial to both the NHS and those charities who use their funds to support research. Whilst 'Charity funds that can only be used for research and education are facing an annual £3m animal rights propaganda machine,'<sup>(1)</sup> the charities of RHCG between them lay claim to a fund of £6,000 million.

## Moral questions and mindless intimidation

Finally, we must distance ourselves from the power-and-glory seekers on both sides. One of the most serious claims laid at the door of the vivisectors is that their quest for research and funding blinds them to the moral questions surrounding their practice. Similarly there are those in the animal rights movement who belie their own concern for life by mounting mindless bomb attacks, hate mail and intimidation. However, from what I saw and heard at the NAVS rally and fair, I believe most of the activists against vivisection to be well-informed and articulate—many had impressive medical credentials. As John Stuart Mill said,

*'It often happens that the universal belief of one age, a belief from which no one was free or could be free without an extraordinary effort of genius or courage, becomes to a subsequent age, so palpable an absurdity, that the only difficulty is to imagine how such an idea could ever have appeared credible.'*

Whatever our final decision, the responsibility lies with every one of us, patient and practitioner alike, to inform ourselves about the issue of vivisection.

(1) Taken from Press release of RHCG, 18/4/94 'We need Animal Research' say Medical Charities'

(2) Taken from 'Animal Experimentation in Medicine: The Case Against, May 1990'

Catherine Davis



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## Faces in fabric

*An unusual exhibition at Guy's*

**O**n 1 August, for two weeks, an exhibition of cloth sculptures open in the Robens Suite, 29th floor, Guy's Tower (see previous page). The sculptures are the work of Silvia Mackenzie, a Brighton-based artist, with a deep affection for her native Southwark.

Silvia's work is certainly unique. Out of nylon cloth and watercolour she builds up 3-D portraits that she feels capture the essence of her subjects. Perhaps this is due to her care for detail of the fact that from whatever angle one looks at the portrait there is something to see.

The exhibition features over 30 of Silvia's cloth sculptures, from a life-like representation of Bernard Weatherill, featured in the Daily Telegraph, to Elvis and Mother Theresa. Her sculptures have been featured on television many times as has Silvia herself, appearing on Blue Peter several times and also the Jonathon Ross Show. Whilst working to save the Rose Theatre she was photographed with fellow campaigners Dame Peggy Ashcroft, Glenys Kinnock and William Shakespeare (the bust that is!). Silvia's quest for authenticity in her sculptures has led her on board the HMS Endurance, to Gerome Street in search of Prince Charles' ties and into charity shops looking for second-hand wigs.

The sculptures begin as an oval rag base which is filled with ladies tights. A nose is sculpted from foam rubber and this may take as long as three days. The nose sets the dimensions for the rest of the face, so a good likeness is imperative. Nylon is then selected for the skin tone and facial details are sketched and painted in. After two to three months of alteration--controlling the cloth is not an easy matter--Silvia then begins working on the hair. This is sculpted from old acrylic wigs and

Thomas Guy



achieving an adequate likeness is quite a challenge. To complete the sculpture Silvia dresses the bust with meticulous care for authenticity. She also reads widely about her subject to instill their character into her representation.

Of the thirty or so sculptures Silvia has created her personal favourite is Thomas Guy, founder of the hospital for which she has such a deep affection. She feels the portrait is a fitting tribute to an institution which has had such a profound influence on her life. Silvia was born in the shadow of the 'orspital', as Guy's was known to locals and as a child was frequently to be found collecting prescriptions from the dispensary, whilst her brothers watched the ambulances outside. She was treated at Guy's on many occasions during her childhood and grew up wanting to be a working part of the hospital which meant so much to her.

She achieved this by becoming a medical secretary spending her time in the underground typing pool that served the whole hospital, attending the odd anatomy lecture(!) and wandering in the park. Guy's certainly intoxicated Silvia as she describes her time here as 'true romance'. She is touched and honoured to be able to exhibit her sculptures at Guy's.



Mother Theresa



Silvia and three politicians

## Rag 1994

*Havoc, hits and hard-earnt cash*

**R**ag week this year occurred between 30 April and 7 May in the second week of the pre-clinical summer term and was by no means a subdued affair, even after last years problems. We had four charities to divide the money between, namely: The Evelina Children's Appeal, The Guy's Kidney Patients Association, The Tommies Campaign and the St Thomas' Endocrine and Diabetic Centre. Events during the week included hops at both hospitals, with the Children's party, Beach hop, Endurance and Purple Orchid hops being the most memorable. Collection took place every day; venues included Covent Garden, Greenwich, Surrey Quays and of course the huge Rag Raid to Brighton. We also started drinking early on three days during the week at the very successful and lucrative champagne breakfasts held on London and Westminster bridges. Daytime events wreaked havoc as usual, with the hit squad of the boys and girls raising some hard-earned cash, whilst gnoming gained further loot. The week ended with the Rag Ball, which this year had a Hollywood theme and was held at the Tanney, a local warehouse. We raised several thousand pounds from this and apologise to those who turned white after leaning against the wall.

The final profit on the week was just over £38,000 and this will soon be divided between the four charities. Thank-you to everyone who collected, organised, drank or passed out in aid of a hugely successful and trouble-free week.

**Ben Challacombe**  
Rag Chairman



Happy to be hit?



Ben Challacombe and Jon O'Leary demonstrate how to collect money



Little did they know they would have to push it back from HOP as well



## Wealth well-given

**The Enterprise and Benevolence of Lord Nuffield. Edited by F John Minns. Alan Sutton Publishing. Price £18.99.**

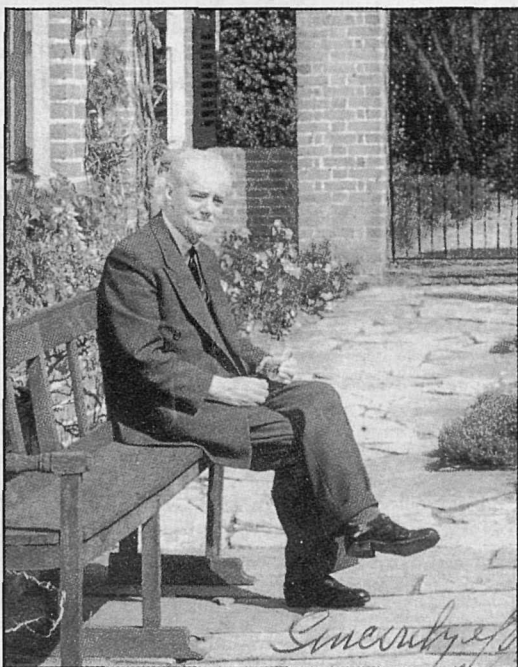
*All royalties from this volume will be donated to multiple sclerosis research and to charities for the blind.*

William Morris, who began in business repairing bicycles in his parent's garden shed, at one time made more than half of all the cars sold in Britain. Morris, MG, Wolseley and Riley were all his. At the height of his success he rocked the Stock Exchange by selling a quarter of his shares. He then vastly increased his benefactions aimed at improving hospitals, advancing medical research, improving education and re-employing miners and other workers during the years of the Depression. Within his lifetime, he succeeded in depositing of a staggering half-a-billion pounds in today's money.

The sprawling Morris Works at Cowley have now been levelled for redevelopment; Rover, the direct descendant of the Morris Organisation has recently moved out of British ownership but the name of Nuffield lives on in the areas of health, education, science and social welfare.

Honoured repeatedly throughout his lifetime and conferred with the title Viscount Nuffield, this is the story of a modest, quite-living man whose enormous achievement in creating a car-manufacturing empire was surpassed by his brilliant foresight in ensuring that his fortune went to the continuing support of humanitarian causes.

Eighteen contributors present a unique understanding of the Nuffield phenomenon which has been so influential in Britain and the Commonwealth this century. The editor F John Minns is Lord Nuffield's nephew and lives in Oxford.



## ***Professor Julius Staz***

Professor Staz's long and fruitful life ended in January 1994, a few weeks after his 90th birthday.

After schooling in Johannesburg, Julius Staz attended Guy's and obtained the LDS RCS in 1927. He had won the prestigious Newland Pedley Gold Medal, of which he was extremely proud. This had been awarded for the extremely difficult and time-consuming task of building up a mesio-occlusal gold foil restoration—a technique which is now virtually a lost art.

He then returned to Johannesburg where he established a private practice, which he maintained until 1939. During this period he was a member of the visiting part-time staff at the Dental Hospital of the University of the Witwatersrand. He obtained the DDS of that institution in 1937, as well as the Higher Dental Diploma of the Royal College of Surgeons of Glasgow.

In 1939 he was appointed to the full-time staff of the Dental School and Hospital, where his principal duties included lecturing and practical work in Dental Pathology. He was appointed Reader in this subject in

1947 and Professor of Dental Science in 1948. In 1957 he succeeded the formidable J C Middleton Shaw as Dean of the Faculty of Dentistry and remained in this post until his official retirement in 1963. But this was not the end of his professional career—far from it. He then moved to the pleasant coastal surroundings of Cape Town and lectured and continued his research at the nearby Dental School of the University of Stellenbosch, and later at the University of the Western Cape—this second career lasted for almost thirty years.

Professor Staz's numerous research publications included articles based on his DDS thesis concerning dental caries in South Africa, a new classification of calcified odontomes, histological investigations of the striae of Retzius and of the bands of Schreger, studies of periodontal disease and of the effect of fluoridation of water supplies on dental caries.

Julius Staz was a genial, retiring and thoroughly professional gentleman of the old school. He is sadly missed by members of his family, professional colleagues and friends.

MJS

## ***Dr Edward Maclean Poulton***

DM MRCP DPH DCH

Teddie Poulton lived a long and varied life, contributing generously to rural medicine in Africa and in Britain. After qualifying in 1938 (BM BChir at Balliol and Guy's, where he became an enthusiastic member of the Oxford Group), he joined the Indian Army Medical Service, serving in a field ambulance in India, the Gulf and Italy, following the Eighth Indian Division as it fought its way up Italy through some of the bloodiest battles of the war...and sometimes finding himself in front of the (very mobile) front line!

Before medicine, Teddie started his education at the Dragon School, Oxford. His was an Oxford family since his grandfather Sir Edward Poulton FRS was Hope Professor of Entomology at the University. Teddie went on to Rugby School (Cotton House) where he was the first person ever to complete a Greats course (Latin and Greek) and then to switch over (at the precocious age of 16) to the Modern side to take science. As a scholar, Teddie was the owner above all of a prodigious memory capacity. He even spent two hours per week in the top German set: the rest of them did six hours per week, and Teddie kept himself top of the class by the simplest expedient of reading all the

books and learning every word by heart! And in Gothic script!

At the end of the war he married Delicia Iremonger to whom he had been engaged for almost five years. He completed medical training while working as Senior Registrar at the Hackney and later Whipps Cross Hospitals in North London. Teddie completed the DM, MRCP, DPH and DCH before joining WHO in 1955. He served in WHO for 18 years in Africa: first in Egypt from where he was evacuated by an American warship during the Suez crisis, then Nigeria, Zaire (during the Congo war and famine), Uganda, and Sierra Leone.

Teddie was happiest when teaching hygiene and prophylactic medicine in African villages and rural clinics. His spare time was spent building up one of the world's finest private collections of African butterflies...and in teaching his grey parrot to speak English. During his career he also taught himself Hindi and Urdu, Italian and Danish, Arabic and Ibo, to add to his Latin (which he liked to speak), French and German. He had a favourite saying that, 'the first five languages are the most difficult.'

Retiring in 1972, he recycled himself as a GP and spent the next 21 years covering locums across the area between Worthing and Portsmouth. In this way he achieved three medical careers (while others are content with one); as a hospital doctor, then as an African doctor, and finally as a Sus-

sex GP who completed his last locum on the Costa Geriatrica at the age of 80! A keen gardener and soft fruit specialist, Teddie is best remembered in Sussex as an enthusiastic Life Member of the Royal Scottish Country Dance Society. Vice-President of the local Caledonian Society, Teddie danced at least twice each week until his death; keeping himself fit and making many friends who filled the church to overflowing at his funeral.

Teddie was part of a distinguished line of Oxford and Balliol scholars who include Sir E B Poulton (grandfather) of Jesus College (who founded the then revolutionary Poulton Dinners for the Wives of Fellows); E P Poulton (father, known as 'Daddy Poulton of the oxygen tent', Senior Consultant Physician at Guy's Hospital; R W Poulton-Palmer (uncle) who is said to be the greatest centre three-quarter who ever played for England; R E. Poulton (son, Balliol 1969) an economist in Africa; Dr Joanna Poulton (niece) who is a paediatrics Research Fellow at the Radcliffe Hospital, and 3 other nieces who are doctors.

## John Fry

CBE MD FRCS FRCGP

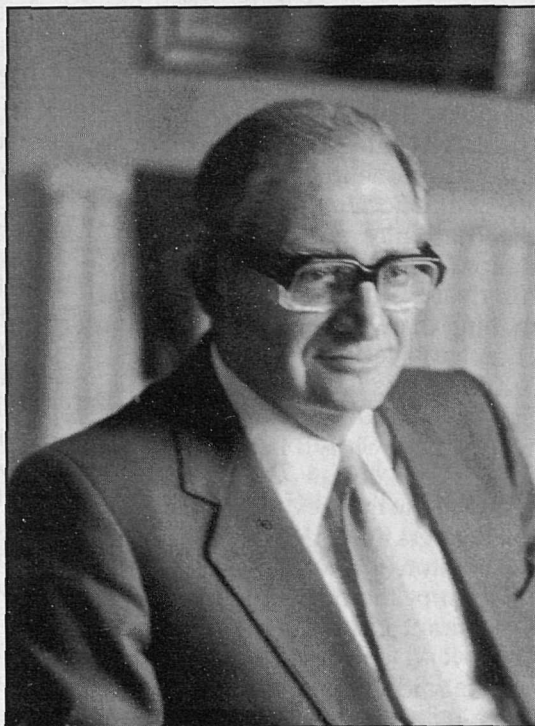
Not many GPs receive full length obituaries in all the broadsheet dailies within a week of their death, even fewer a leader in the *Lancet*. That this happened to John Fry, who died aged 71 at his home in Beckenham on April 28, is a measure of his greatness. He must be rated among the most distinguished Guy's men.

The son of a GP, John was educated at Whitgift Middle School and Guy's qualifying when he was 22. Because of eye trouble he was not called up. His first thought was to become a surgeon and he gained the FRCS within three years of qualifying. But he had married young and in the same year, 1947, was persuaded by his father to enter general practice in Beckenham. Starting single handed he stayed there for 45 years eventually caring for about 9000 patients with two partners and a primary health care team. It was an unfashionable choice. Today when general practice has become a prestigious academic discipline, it is hard to imagine that the President of the Royal College of Physicians could describe becoming a GP as 'falling off the ladder', a sign of professional failure. But there is no denying that general practice in those days was something of a cottage industry and particularly in industrial areas standards left a lot to be desired.



John was one of a small group of pioneers who changed all this and set general practice on the path to its present distinction, the first career choice of most students. In 1952 John became a founder member of the Royal College of General Practitioners and served on its Council for 36 years from 1954 to 1990, a length of service which may never be matched.

When John entered general practice the work of a GP had never been documented. He was the first man in the world to establish its clinical content and epidemiology. He did this by keeping meticulous records of his daily work, analysing them and assessing his results. His name has become synonymous with research in general practice. Long before the days of computers he could produce figures from his card index about the epidemiology and outcome of any condition. His first book, published in 1954 was *Clinical Medicine in General Practice*. His second, the *Catarrhal Child*, (1961) showed that most children grew out of their problem and questioned the value of tonsillectomy, at the time almost a routine operation. His next book *Profiles of Disease* followed in 1966. *Common Dilemmas in Family Medicine* appeared in 1983. His most popular book, *Com-*



*mon Diseases* (1974) went into its 5th edition in 1993.

During his professional life time general practice became an academic discipline and universities established chairs of general practice. John might have had any of them but he preferred to go on working away at Beckenham. He travelled widely and held many visiting professorships.

This led to his other great interest, the organisation of primary care in different countries. *Medicine in 3 Societies* (USA, USSR, UK) appeared in 1969, *International Health Care* in 1972

and *Family Medicine: an International perspective* in 1983. His last work, written in retirement, *Primary Health Care in 12 countries: some comparisons and lessons*, is due to appear this year.

He wrote extensively about the National Health Service. He reviewed the changes under the NHS in *General Practice and Primary Health Care 1940s - 1980s*. He published his NHS Data Book in 1984 and books on the New Contract in 1990 and 1991. In 1986 he forecast the future in *Primary Health Care 2000*. His last book on the NHS *British Health Care--The Facts* will be appearing soon. He invented Fry's Triangles, an important concept in health care planning. In all John wrote or edited some 50 books, more than any general practitioner before or since. Moreover he also established a very successful journal. In 1968 in association with Abraham Marcus he started *Update* and was its Consultant Editor for 23 years. He edited the *Medical Annual* from 1991.

He was a Consultant to the World Health Organisation and to the Army. Elected year after year for 22 years to the GMC, he became its longest serving member, holding the important offices of Senior Treasurer and Chairman of its Preliminary Proceedings Committee. John was also a member of various Medical Research Council Committees. He was president of the section of General Practice at the Royal Society of Medicine and

was made an honorary fellow in 1989. Only this year he was further honoured by being made a fellow of the Faculty of Public Health. For nearly 40 years he was a Governing Trustee of the Nuffield Provincial Hospitals Trust and last year the Trust established the John Fry Foundation to endow an annual lecture accompanied by the publication of a monograph.

Over the years John gained many prizes, some more than once. He won the Hunterian Gold Medal in both 1955 and 1956, and the BMA Sir Charles Hastings Prize in 1960 and again in 1964. In 1968 The Royal College of Physicians of Edinburgh awarded him its Mackenzie Medal. The RAMC gave him its Guthrie Medal in 1988. The Royal College of General Practitioners made him its James Mackenzie Lecturer for 1975 and awarded him the George Abercrombie award in 1977 and its prestigious Foundation Council Award in 1993. In 1988 he received a Queen Elizabeth the Queen Mother Fellowship and was appointed CBE.

How did he find time to do so much? Essentially by early rising and self discipline. He got up at five in the morning, went for a run and did two hours work at his desk before opening up his surgery at 8. He wrote always by hand and did not take to a computer. He was the most efficient user of time, never wasting a moment. He tried to arrange his public work to interfere as little as possible

with his practice. A lifelong non smoker he rarely drank alcohol. Apart from his practice reading and writing were his life, but he also followed Crystal Palace Football Club. He kept himself fit and in his younger days played rugger at Beckenham. But when in 1992 he developed pulmonary fibrosis and then had to take to a wheel chair he accepted the situation without complaint and continued to write. He was working until three days before he died.

He was rather shy and had little small talk. He did not waste words but went straight to the point. I remember talking to him about snoring. 'There is only one answer', he said, 'separate bedrooms.'

In 1988 he conceived the idea of holding a reunion of his fellow students with one of our teachers as guest of honour, and it was typical of John that he put his idea into practice. He went through the Guy's directory, marked the names of those who should be invited and found an old friend Derek Morton to assist him with the organisation. He knew everybody and was a master of the art of delegation. The first dinner was held

at the Royal Society of Medicine, the next at the General Medical Council. The John Fry Dinners have now become an annual event and are held in the Robens Suite at Guy's. They have given great pleasure to many retired Guy's men, who have come from as far afield as Africa, Australia and the United States.

In spite of being a compulsive worker John always had a happy family life. In 1944, the year he qualified, John married Joan Sabel and they had a son and a daughter who have both become distinguished in their own fields. John's granddaughter Abigail Fry is now a student at UCH. In 1989 Joan died but in the same year John married Trudie Amiel (nee Schwer), a Guy's nurse and widow of an old friend and Guy's man, Gerry Amiel. Through this marriage he preserved his links with Guy's. Trudie's daughter and John's step daughter is Dr Stephanie Amiel, Senior Lecturer in Metabolic Medicine at Guy's. The dinner that he started bears his name. He deserves to be long remembered at Guy's, whatever the future holds.

R E Irvine

## Geoffrey Haslewood

### An Appreciation

'I believe every word in the Bible is true--do you?'

The gnome-like figure, the pipe, the combhand, snatched through receding hair, the plimsolled feet, the psychedelic blue eyes, the cupboard top seat--Yes, just as Mike Coplans described the kitchen scene at 5 Sandrock Road. A kitchen filled with the scent of toasting bread and a small ration of cheese, individually cooked under the grill. All this mixed with tobacco smoke and cocoa steam. In that atmosphere I met the Man--Doc Haslewood for the first time and I have been unable to loose him from the shadows of my mind ever since.

I was privileged to be introduced by the 'Doc' into his private life and family of friends. A large group of us would meet at the home of Len and Ivy Bradshaw in Slough. I remember those 'Weekend Islands of the Blest', as if they were last week, not fifty

years away in time. The night hours of, not only putting the World to Right, but religion, politics, the--Rights of Man, etc...

In those discussions, backed by original thoughts, it was as if static electricity was running round the room. Windows in your brain were prized open; fresh air came rushing in.

I am still grateful at the kindness, consideration and patience 'Doc' showed me in those formative years. The capacity of his mind was light years ahead of mine.

'Doc' Haslewood will always be an Icon. Icons never die, they live on in the minds of all of us that remember them with kindness. For Geoff Haslewood that is a very large world today.

If Geoff had to have an epitaph, then perhaps Charles Lamb wrote it to Coleridge, 'I have never met with anyone--never shall meet with any one--who could or can compensate me for the loss of your society.'

**Bruce Wotton**



## Trevor Clay

Trevor Clay achieved a number of 'firsts' in his lifetime. For readers of the *Gazette* the most notable must be that he was the first male nurse to become a sister at Guy's. I was the second). And he was referred to as 'sister' because Guy's in the 1960s had its own use for the term 'charge nurse'--an incorrect title--as a senior staff nurse (female). In fact my predecessor, in what was then known as The Annexe (now Lloyd Clinic) could claim to have been the first; but Alexander Pratt as a male charge nurse with full sister's salary came under the aegis of the Superintendent, the then Matron refusing to acknowledge the existence of male nurses! Trevor unfortunately died at the same time as the late Richard Nixon, and his obituaries had therefore to wait: a fate which befell Aldous Huxley whose demise coincided with that of John F Kennedy.

Trevor's greatest claim to fame is, of course, as General Secretary at the Royal College of Nursing from 1982-89. The first man to hold the post at an organisation which when he first qualified even refused men to become members! Some may claim, unfavourably, that this is further evidence that men have invaded the higher echelons of nursing. In a profession where only 10 per cent are men I suppose it is inevitable that the cream should rise to the top.

Some may reply that males, being less practically inclined than female nurses, sought to rise in the profession by leaving the bedside. Observers may find some truth in this. You do not reach the top by caring for patients--the best way is to tell colleagues you are busy and put a sign on your office door 'do not disturb'. I knew Trevor only little in his later years at the top of the greasy pole. I recall him first as a staff nurse in York Clinic, attending protest meetings about nurses' pay in Camberwell. How times change!

He lived in a room adjacent to mine in the Nurses' Home at Branham Gardens (under the jurisdiction of Mrs Barnard) when I first arrived at Guy's. He was soon to become a 'sister' and later spent some time on night duty on the general side with Miss Rix. They became chums--perhaps an unlikely combination--and often played tennis together in the morning after an arduous night pounding in the wards.

When I was promoted to charge nurse, Trevor was detailed to introduce me to the sisters' dining room; in those days a place to be entered with some trepidation. Those of us who were of junior status at a long table, in any vacant place. But Matron and her entourage had their own table, as did the tutors in the school of nursing (precursor of today's 'Nightmare Institute' --as I understand it is known colloquially). The senior sis-

ters also had their own places, napkins in rings provided; as a junior sister you only sat at another table when invited. I rather think Trevor viewed all this as something he would do away with if he could. He certainly laughed at it privately with me. His later influences on changes in the nursing profession bear out his dislike of this aspect of tradition.

Trevor, though, I soon realised, had his eye on promotion. He played the system's game while climbing the ladder and seeking to change things at the top. I remember one of the 'old guard' expressing her view, that he was getting too big for his boots! But he was no revolutionary--and at that time male nurses in such venerable establishments as Guy's were regarded as very much a breed apart.

When Sean Molloy became the first student male nurse at Guy's in about 1967, I commented in these pages on the role of men in nursing. The then Matron, Anne M Johnson called me to her office: she averred that male nurses were either very good or very

bad--nothing in between! I didn't stay to ask where she saw people like myself or Trevor. Trevor left night duty at Guy's to become initially a deputy matron in what I believe was England's first completely new hospital since the war at Welwyn Garden City. Apart from occasional sightings I had no more dealings with him.

Anyway his later career has been well documented and praised in both the national and nursing press. I was sad to hear that he was only 57 when he died from emphysema following a lung transplant at Harefield. Apparently he had smoked a little, although I can't remember this; smoking then was not quite the bogey it has subsequently become.

It is cautionary to note that Trevor's early schooling at Nuneaton left him without a single O-level. Today, he might never have made it on the first rung of the nursing ladder.

Denis Cobell

## 150th season plaque

On Sunday, 24th April 1994 Professor Cyril Chantler formally unveiled a plaque to commemorate the 150th season of Guy's Hospital RFC, the World's Oldest Rugby Club. This is inset into the outside wall of the Greenlaugh extension to the club house. The wording of the plaque is 'Guy's Hospital RFC, the World's Oldest Rugby Club, to commemorate the 15th season, April 1994'. The wording has been painstakingly and beautifully carved into Welsh slate by Professor Declan Anderson. It is a most fitting memento to a historic season and worth a visit to HOP just to see it (see photograph). Other examples of Professor Anderson's work may be found outside the

Medical School at Guy's and the commemorative plaque in the park.

Reports of the rugby will be found elsewhere, though as usual 2 present teams played to past teams on the day. The first XV game was marred by a serious injury to Alan Jones, that stalwart of the club, who was taken off by ambulance to Lewisham with a displaced fracture of his humerus. In a somewhat sluggish performance the first XV lost 7-12 to a past side which contained much of the current 1st XV, and the second past v present match ended in a draw at 46 points apiece.

The plaque and the day were funded by the Guy's Hospital RFC Supporters Club.

SJC



## Boat

### UMDS Ladies Update

The first season of the new UMDs ladies' boat club got underway in September, rowing from Tideway Scullers Boat House at Chiswick with our long term aims of success in the Bumps and at Women's Henley. We commenced a punishing regime of winter training: 3 water outings a week combined with rigorous land training (weights, aerobics and 3 towers) with only Sundays off. On top of these physical demands our coach, Alec Hodges, insisted that all members of the 1st squad learned to scull which added a further early outing to the weeks heavy schedule.

Throughout the term our fitness and rowing technique steadily improved--most noticeably the ease at which we tripped up those 90 floors of the Guy's Tower under the tyrannical stop-watch of Ollie Foote, cox.

The first test of this gruelling regime was the United Hospitals Regatta in November 1993. Pathology finals the next day claimed one member of the VIII, leaving the 1st IV to claim the pots--winning open IV's beating the London Hospital easily in the final.

Following this success we had to prove our ability in a more prestigious event--the Fours Head of the River Race, rowed over the 4 and a half mile course from Chiswick to Putney. We were thrilled to be able to enter a quadruple scull in the race--a

first for any hospital boat club. As the boys were rowing in the club's coxless four, we were fortunate enough to be loaned a boat by Tideway Scullers.

Four other members of the 1st squad entered the novice category with the unfortunate starting position of number 499 out of 500. In the freezing cold and snowy conditions a two hour wait on the start was not the best warm-up. However, once the starters gun went there was no stopping them! They powered up the course, overtaking 7 boats, and flattening the opposition to finish 2nd--the highest position achieved by a Guys or St Thomas' women's crew.

Once the spring arrived, the squad felt it was time to explore pastures new and green. First stop Exeter Head and a recipe for a successful tour:

- Take 8 rowers, 1 cox, 3 cars and two halves of a boat (to be placed on top of 2 cars as towing vehicles are too expensive).
- Set off in rush hour with 1 map between 3 cars.
- Car with map (and boat on top) drive as fast as possible towards Exeter.
- Following cars--without maps--stop as often as possible.
- Passengers with map arrive in Exeter, have a cup of tea and meal at friend's house. Wait 2 hours, then contact police and local radio station regarding missing cars and half of boat.



- Lost cars, kidnap anyone wearing a fleece jacket on Exeter University Campus and refuse to let him go until he has found you your 'friends'.
- Try to grab 3 hours sleep before the morning's race.

Incredible as it sounds, following this fiasco, we attained amazing results. The novice 4 won--panning the opposition, and the senior 4 came a close 2nd. Many thanks to Vanessa for a well-organised tour.

*Not perturbed by the weekend's navigational difficulties we decided to attempt a trip to York. As we were rowing in an VIII, we were forced to hire a van as a towing vehicle and with Amanda in control, set off up the M1. Despite detours and technical hitches, we were lucky enough to arrive in time for an evening meal. We raced a good quality field and came 2nd to Emmanuel College, Cambridge. All credit to Dany for her mega driving and Amanda for her excellent fuel judgement (no we didn't run out of petrol 1 mile from home).*

The last Head Race of the season was Kingston on 19 March. The ladies had exercised excellent discipline at the Boat Club Dinner the evening before and reaped the results. We rowed a well-controlled and powerful race, finishing 2nd and noted as one of the neatest crews competing.

The term was rounded off by a non-rowing day for the ladies boat club, on the day of the Oxford and

Cambridge Boat Race and Men's head of the river Race to mark the 150th anniversary of Guy's Hospital Boat Club, the UMDS boat club held a campaign reception and lunch for current members, parents and 'Old Boys'. Thanks to all the girls for helping with the food and hospitality to make this a successful day.

The summer term marks the start of the regatta season, giving five of our first VIII the opportunity to change their status from novice to senior. They didn't have long to wait! It was the first week of term and Chiswick Amateur Regatta. We were in the final of senior 3 VIII's lining up against University College London--a hefty crew. The gun caught us a little by surprise so we gave them a length and a half start. 'Stroke' felt now was the time to get going. As the course was fairly short, she decided there was no point in settling to our normal race rating of 34, so we flew past rating 40 strokes per minute, finishing a length and a half ahead to win our first regatta of the term.

With this victory under our belt, we are now eagerly anticipating the rest of the summer's events.

Crew: Ollie Toote (cox), Nina Barrows (str), Sharon Payne (7), Louise Ward (6), Vanessa Parmenter (5), Rachel Tennant (4), Lorraine Fisher (3), Claire Emery (2), Amanda Bond (bow).

**Louise Ward**

## Cricket

### Match report

**Guy's 2nd V Goldsmiths. Sunday 8 May. Won by 15 runs.**

The first match of the season usually sees some cricketers being a bit ring-rusty and many of the Guy's players proved this to be true. Moses was so rusty that he was an hour and a half late, although his excuse was something about a full sack to empty.

Batting first on a wicket best described as favouring the bowlers, who were armed with the new ball and playing their third match of the season, the odds were against the Guy's batsmen making a big total. Only three of them made double figures with Anjay (23) top-scorer. The slow outfield was not helpful either with Umeer hitting the only boundary of the innings.

Eventually Guy's struggled to 82 all out in 32 overs and Goldsmiths must have fancied their chances of getting such a modest total but were reeling when Pit-Pony's first over left them 0 for 2. Saromad added to their misery with four wickets in four overs and Umeer's two wickets saw them 17 for 9!

The last pair however seemed impossible to get out and as they got nearer and nearer to the Guy's total the fielders began to look very worried. But just after they posted their fifty partnership and were only sixteen runs short of victory, Sanjay trapped the number eleven LBW,

much to the relief of all the fielders, to give Guy's a winning start to the season.

Team: S Varma, A Talwar, S Chatterjee, N Bhasin, F Khan, M Blunden (Capt.), S Zaidi, U Waheed, A Williams, J Davies, S Rajaratnam.

### Match report

**Guy's 2nd v The 'Clunge Kickers'. 11th May. Won by 44 runs.**

The 'Clunge Kickers' stepped into a gap in the fixtures when the original opponents for the 2nds had dropped out at the last minute. Their bowlers found that on the Honor Oak pitch shear pace could not trouble batsman once they were set.

Batting first the home side were given a good start by Sanjay (25) and Jag (23) who put on 43 in 6 overs for the first wicket. However after Jag's departure things slowed down and after 14 overs Guy's were 63 for 3. However the fall of the third wicket brought Pankaj to the crease and after a slowish start he was soon striking the ball well. When Sam joined him in the nineteenth hour with the score on 98 things really got going again, the pair adding an unbeaten 81 runs to the total which finished at 179 for 4. Pankaj hitting 10 fours in his 57 not out and Sam hitting 7 in his 37 not out.

When the 'Clunge Kickers' batted they managed to keep up with the run rate required but only at the expense of wickets. Williams, Waheed

and Lovell taking two wickets each and Blunden wrapped up the tail with 4 for 22, nearly taking the last three wickets in successive deliveries (but for a dodgy umpiring decision!).

After the match a very sociable evening was enjoyed by all who stayed (even those who had a gin or two) and we even saw the now legendary Honor Oak foxes.

Team: S Varma, J Shah, S Allen, N Bhasin, Pankaj, S Rajaratnam, A Talwar, M Blunden, U Waheed, A Williams, M Lovell.

## *Match report*

### **Guy's 2nd XI Vs The Royal London. 29th May. Won by 63 Runs**

After a break of two and a half weeks due to inclement weather the second team resumed their season. However only five of the team from the previous match were now available due to the impending doom which was facing some players otherwise known as Path.

The London won the toss and elected to field, a decision which they must have regretted when the new opening partnership of Anjay and Andy forged a stand of 111 before Anjay was caught in the deep for 60. Andy fell soon after to a doubtful caught behind for 36. Jag weighed in with a solid 29 but the rest of the batting found the pitch and outfield very slow making timing the ball difficult and the scoring of boundaries even more so. However some good

slogging from the lower order in the past 20 minutes of the innings meant that the score was taken past the two hundred mark with the final total being 204 for 6.

The London started their reply slowly and had reached only 20 runs when the second wicket fell to the new look Guy's opening attack of Lovely and Lawn who took a wicket each. The London's number 4 however changed the complexion of the game, a short break for rain, with the ball being dispatched to all parts of the ground. With this sort of batting even the run rate of ten an over looked possible and Guy's were forced to set defensive fields but with his partners departing at quite frequent intervals the big hitter was forced to take one too many risks and was bowled by Raves the second of his three wickets, for 78.

After this the London started batting for a draw and went into the last over still with two wickets remaining. Blunden clean for a draw and went into the last over still with two wickets remaining Blunden clean bowled the number 10 with the first ball of the over leaving himself five deliveries to take the last wicket but the next ball saw Rav take a superb one handed catch to maintain the second's 100% record for the season.

Team: A Talwar, A Bates, J Shah, N Bhasin, M Blunden, A Symes, R Singh, Miten, G Lawton, M Gonzalezes, M Lovell.

## *Rugby*

### *Match report*

**Guy's 2nd XV v The London. Hospitals Cup final. Won 15-12.**

Only two days after beating Mary's in a hard fought match in the semi-final, Guy's played The London in the final. As usual when Guy's play Cup matches, the day was miserable and a driving wind across the pitch was not conducive to good handling. In front of an enormously enthusiastic crowd, Guy's initially looked a little sluggish and were lucky not to concede any scores. However, they drove down the pitch ably led by Roy Cunnington and, when The London were caught offside, Gush converted the penalty after spending considerable time tying his shoelaces, to give Guy's the lead. Almost immediately the score was levelled when The London drove up the pitch and Guy's were unable to stop them. There followed an excellent try from inside Guy's own half when Skirme picked up from Number 8, passed inside to Murphy who made a searing break to the 25, taking the full backs tackle and putting Ugo in for an unconverted try, to leave the score 8-3. Hospitals' Cup matches, as always, create their own atmosphere with highly partisan support, clever and ribald comments to the referee and utter chaos on the touchline.

The London were showing a fair amount of enterprise, with their cen-

tres crashing into the Guy's centres, and their jumpers in the lineout taking a lot of ball, particularly the number 2 who was up against a Guy's fresher, and after a period of pressure a second penalty for offside narrowed the score to 8-6. At this stage of the match The London were looking more committed in driving into the loose with some fury. Their commitment was rewarded when a foolish piece of play by the Guy's tight head prop left him isolated and offside in front of the posts with penalty 8-9 to The London. The Guy's back line continued to look impressive with several fine handling movements almost releasing the wings and exciting the crowd. Such a fine passing move led to a scrum near the London posts, and although the London were awarded and won the scrum, Murphy nobbled the scrum half, and Angus screamed over for a try near the posts, converted by Gush, to leave the score 15-9. A fourth penalty for offside to The London left the score at 15-12 and made for an exciting finish. The Guy's side had withstood an intense period of pressure from the London in the right hand corner, and three points were certainly better than seven, and so the game finished and Guy's had won the Cup for the second year running by a score of 15 points to 12. It really had been a contest between the commitment and power of The London forwards in the loose against the



speed and inventiveness of the Guy's backs. However, even the London supporters could not complain for too long about a score line, though close, which contained two tries to nil in Guy's favour.

Thus the 2nd XV for the second year running upheld the honour of the Club and, but for a foul day and a curious refereeing decision, the first XV may have joined them, in this our 150th season.

Team: J Burt, M Seare, Dom, A Bates, A N Other, A Skirme, R Cunningham, Angus, J Murphy, Ronan, Ugo, P Gush, M Howells.

## *7-A- Side festival*

**Sunday 15 May 1994. Defenders of the title and tournament winners Guy's Hospital RFC.**

Following the monsoon conditions at Twickenham on Saturday, the weather once again displayed extreme schizophrenic tendencies. The glorious sunshine drew a large crowd of supporters and players to this annually expanding tournament. This year it attracted some excellent sides from around the South East including an invitation 7 comprised of Harlequins 1st XV players and an England 'B' International. However the Guy's official squad of 10, with its brand of supporters, were not without their own unsung and emerging heroes. Shane Rosies played in this year's Twickenham finals for Rosslyn Park. He scored a

marvellous individual try and in the Observer Newspaper was hailed as '...the most dazzling and enterprising player in the tournament...'

The relaxed Guy's side cruised through their first game against Salians, winning 40 - 7. They very quickly settled into a smooth pattern, with Neil Davis in the role of play maker for the first time since the hospital cup. He has lost none of his talent during his recent study period, but managed to shake off those extra pounds of flab he was carrying.

The tournament involved leagues of four rather than straight knockout, perhaps this was the reason for Guy's relaxed start.

Boroughians were the next side to fall to the strength and speed of Guy's'. They were bigger than us and showed potential, but Gordon hooked like a real pro, whilst Ross and Greg were outstanding around the pitch. It was essential to pounce on any loose ball and tear from the opposition once they were held up. This is exactly what they did giving themselves and the backs and abundance of tries. Unfortunately Shane went off injured and didn't return turning his pace and skill to the soft-ball game instead. Guy's 35, Boroughians 14.

With confidence growing the easiest game in the league was against Polygons in the 'Jockey Club' shirts. Ronan, Mark Jenkins and Ugo replaced the weary old boys, as Guy's romped home to victory 49-5. Some

dazzling tries were scored in this game as Greg maintained a constant speed to cruise up the touchline, and Ugo varied his speed from terminal velocity to Mk 2, and accelerated near the try line.

Our semi-final opponents had beaten us at the Surrey 7's this year, so revenge was in the air. Raynes Park were no pushover, but on this occasion the performance by Guy's was outstanding. An astonishing display of skilful handling by the whole team and an electrifying exhibition of pace, completely destroyed Raynes Park. 7's played at its best in a joy to watch and is usually reserved for places like Twickenham of Hong Kong. But here in Wimbledon, the control and patience of Guy's was worthy of a side at the highest level:

Maintaining possession, passing, regrouping, attacking, retaining and then breaking through, completely demoralised a very competent Raynes Park. Guy's went through to the final winning 49-0.

Following the repeat of last year's semi-finals, the final involved the same sides as well - Wimbledon vs Guy's. Superior scrumming was evident once more as Guy's won ball against the head. The heat had taken its toll but the spirit and determination was an integral part of the Guy's

team today, this was shown in outstanding tackling throughout. Wimbledon had watched our semi-final and made plans to contain our 'pace men', but which one? Ugo, Neil, Breeze, or Wayne! Once more superb handling and vision created tiny cracks in Wimbledon's defence, Ugo was given an inch and literally took 100 yards. So many people scored excellent tries today, in particular Greg and Breeze but it's hard to mention all of them. Moreover no-one will forget the smoke-trails left by one individual: Ugo was undoubtedly the man of the tournament, but the victory and retention of the trophy for the second year was unquestionably a team performance and an outstanding team performance at that.

Squad: Ross Llewellyn, Gordon Denslow, Greg Ryan, Wayne Llewellyn, Neil Davis, Richard Breeze, Shane Rosier, Ugo, Ronan Brown, Mark Jenkins.

Results:

|                 |       |
|-----------------|-------|
| 1: Salians      | 40-7  |
| 2: Boroughians  | 35-14 |
| 3: Polygons II  | 49-5  |
| SF: Raynes Park | 49-0  |
| F: Wimbledon    | 35-5  |

Pat Gush  
P R Officer

## *Match report*

### **Warlingham v Guy's 1st XV. Courage League Match. Lost 15-9.**

Warlingham RFC entertained the Guy's officials to a splendid lunch before the last league game of the season. Guy's (currently standing second in the league table and Warlingham 4th) still had a possibility of coming top of the league if they won by a fair number of points and various other sides lost. Thus on a beautiful day but on a heavy clay pitch Guy's kicked off - it was the last league game for Guy's but Warlingham had one of two to play. The day was set for running rugby and Guy's had included Ugo on the wing fresh from his triumphs in the 2nd XV cup with the hope that we would be able to play our usual adventurous game. Early advantage however went to Warlingham when they gained position due to a couple of early penalties. However the first points went to Guy's when Warlingham were caught for going over the top and Steve Lewis kicked a fine penalty from nearly 40 yards out. Early changes were fairly even and it was clear that both Warlingham and Guy's fly halves had excellent boots. Both sides however were attempting to play open rugby as befitted such a sunny dry day which made for an enjoyable spectacle for the reasonably large numbers of spectators. During the first 20 minutes of play Warlingham were getting a disconcerting

proportion of the ball and with the wind spent some time towards the Guy's end and after a quick heel attempted to drop goal which went just wide. However the wind was in Warlingham's favour and the feeling from the touchline, at least your correspondent was that if Guy's turned round relatively even that they would find the second half easier. Warlingham then scored an excellent blind side try when they won against the head and the scrum half put the winger over in the corner. The try was unconverted to leave the score 5 - 3 in Warlingham's favour. Guy's were playing a member of the back row Wayne Llewellyn as hooker in the absence of Waz and one wondered if this was a wise move not to include a specialist hooker. Guy's suffered a major setback when the centre le Roux was winded and had to go off. No replacement was obvious and after some delay Meharg came across from the 3rd XV during a break when they had lost ball up a tree. While the 4th XV continued to look for the ball, Guy's 1st XV were restored to 15 men.

So half time arrived with Warlingham leading 5-3. A disappointing and somewhat unusual feature this match was the number of turnovers that Guy's gave to the opposition, some 5 or 6 in all when they had gone into the loose with the ball but it had reappeared on the Warlingham side. Some credit for this must go to the outstanding Warlingham No.8 who

had actually had played for Guy's one season three years ago.

Guy's eventually sneaked back into the lead when a penalty for a line out offence was converted by Steve Lewis 6-5. After a further period of pressure with good passing on the back line and Ugo going valiantly for the line, tries were not forthcoming but another penalty was awarded converted by Lewis 9-5 to Guy's. However Guy's were not looking organised from the kick-off and there was an air of uncertainty about whose responsibility it was to take the high balls and certainly the loss of several balls against the head during the game was disconcerting and unusual. It put the side under pressure even though Wayne and Ross Llewellyn were playing valiantly at hooker. It has to be said that Warlingham were playing with some imagination and when they were awarded a penalty in front of the posts instead of kicking for goal as expected by the Guy's side they took a quick penalty and raced over to the corner to make the score 10-9. In spite of Guy's pressure in the last quarter it was Warlingham who scored again when Guy's trying to run the ball from in-

side their own 22, knocked on and the quick scrum and break by the No. 8 Murphy led to the winger going over to the corner for his second try. Missing from this performance were the great forward drives which had been so characteristic this season and the peculiar lack of commitment which was reminiscent of the first rather than the last game of the season. Few could argue at the end of the score 15-9 to Warlingham with 3 tries against three penalties. A disappointing end to what actually had been a marvellous season for Guy's and this result finally killed off any possibility of Guy's promotion. However there is always another year.

The most surprised man on the field was probably Graham Mehag who found himself playing for the Ist XV having wandered over from the 3rd XV match looking for a spare ball. In the absence of a ball and a substitute the 3rd's lost a player and a ball and the Ist's gained an extra player.

Team: A Hyatt, R Llewellyn, G Tsolakides, B Challacombe, E Barrio, G Ryan, G Meharg, P Davis, W Llewellyn, R Docker, V Gradillas, R Breeze, S Lewis, P La Rue, Ugo.

SJC



### ***Death***

**MILNER** Louis. Dr Louis Milner passed away on 1 January 1994 in his 90th year. He qualified in April 1928 from Guy's and worked as a police doctor in Greenwich before taking up an appointment at the Taunton Hospital. When he left Taunton he went to the Rotunda in Dublin and worked with Bethnal Solomon. After that he returned to Pretoria and became a general practitioner. He acquired a Diploma, in Anaesthetics from the Johannesburg General Hospital at the same time. He was on the staff of the Pretoria General Hospital (part-time) and gave anaesthetics at the Roberts Heights Military Hospital during the war.

He spent twenty years at the Rasarettel Varys (Sweden) before retiring to Muizenberg in 1989. Dr Milner is survived by his wife Cecelia, two sons and two grandchildren.

### ***Death***

**CANTY** George. On 17 April 1994 Dr George Canty passed away peacefully at home, aged 71 years. Proud to be a Guy's man, he qualified in 1949. After working in Pembury and East Grinstead he was anaesthetic registrar at the Mayday in Croydon. He then moved to the United Sheffield Hospitals, where he was registrar and senior registrar. He was consultant anaesthetist to the Chesterfield Hospitals and senior consultant when he retired seven years ago.

He was a truly lovely man and will be sorely missed by family and friends. Deepest condolences to his wife Mary and their four children.

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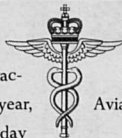
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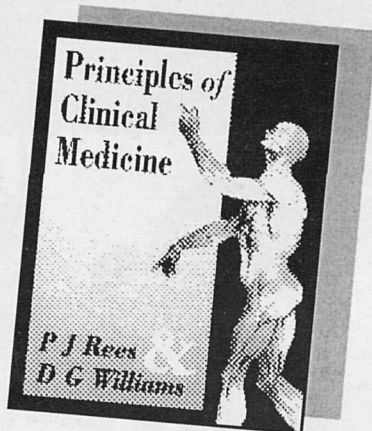
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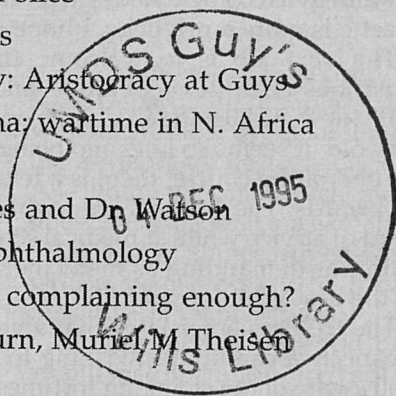
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## Guy's Gazette

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The opinions expressed are those of the authors and do not necessarily represent the views of the Hospital.

Volume 108 Number 2441 September 1994  
ISSN 0017-5870

Guy's Gazette, Boland House, Guy's Hospital, London SE1 9RT.  
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Printed by Hobbs the Printers of Southampton

## Passim

Let me introduce myself. My name is Alamgir Kabir and I am a fourth year medical student at present enjoying unfamiliar territory of obstetrics and gynaecology. Taking over the job as editor of the oldest hospital gazette is quite a privilege. I hope to be able to succeed in the role.

The next job is to welcome the new intake of students to the illustrious institutions of Guy's and St Thomas's. It is funny to see so many new and bewildered faces on campus. At the risk of sounding so very old, it seems so long ago being in their position. Heading towards the end of the course, there is a tendency to look forward as oppose to backwards. The freshers are wished the very best of luck and the one word of advice while at medical school is to enjoy yourself. Even with a course as demanding as medicine, your time at university should still be the best years of your life.

The freshers enter UMDS at a very dynamic point in its history. As prospective candidates wishing to attain a place at UMDS, they were well aware of the changing fortunes of its hospitals. As students in new surroundings it is difficult to try to find your own identity. The identity of your medical school is changing and perhaps it is wise to make sure your voice is not lost in the debate.

Having to start with an apology, in the very first passim, is unfortunate but necessary. The delays in bringing out the issues of the gazette are multiple and can be summarised in one word: exams. The editorial staff hope to keep the issues a little more regular in the future.

Finally, the Gazette would like to thank former editor Romila Bahl for all her words of advice and journalistic input.

## City of London Police

*Letter from City of London Police to Mr M Rendall, Co-ordinator, Save Guy's Hospital Campaign Ltd.*

Dear Mr Rendall,

Re: Closure of Guy's Hospital Accident and Emergency Department.

The Commissioner has asked me to respond to your letter of 10th June regarding the proposal to close, Guy's A&E Department.

This closure, together with that of St Bartholomew's Hospital will mean that the nearest facilities to the City of London will be St Thomas's, Royal London, University College, and Homerton, all of which are a considerable distance from the City.

This poses several questions for the City of London Police, one of which being the obvious increase in the average time taken to transport casualties to hospital. The hospitals mentioned above all create their own problems regarding access routes, particularly during the day when traffic is heavy.

However, our principle concerns relate to mass casualty incidents. History shows quite clearly that the City is uniquely vulnerable to such incidents, whether transport related or terrorist attacks, and of course the police have the responsibility for co-ordinating actions to resolve such incidents should they occur.

The removal of a second major A&E Department capable of dealing with the number of casualties following a Moorgate train crash, St Mary Axe bomb or other such incidents does cause disquiet particularly:-

(a) The distances over which it would be necessary to transport casualties being increased.

(b) The increased period of each ambulance operation (arrive at scene, collect, transport to hospital, deliveries, return to scene).

(c) Police ability to provide assistance in protecting the routes to and from the hospitals is considerably reduced, due to the manpower requirements. In this regard it must be pointed out that the routes to both Bart's and Guy's lie wholly or mainly in the City. None of the others do, hence Metropolitan Police involvement to protect them would be essential, which may raise other difficulties.

(d) The length of those routes, if protected, would inevitably result in a massive increase in traffic congestion. The reason is simple; to keep the ambulance route clear one needs to limit or prevent other vehicles accessing of crossing it, hence they are held up, forming queues that eventually block other junctions. That in turn creates the potential for obstructing access to the scene by other emergency service vehicles.

(e) Setting up Hospital Documentation Teams (police officers who at-



tend at receiving hospitals to take details of casualties/fatalities for Casualty Bureau purposes) would take longer, thus reducing our ability to respond to casualty enquiries rapidly, which is a vital humanitarian responsibility police undertake.

(f) For many City people both Guy's and Bart's would be within walking distance ('walking wounded' are often a considerable proportion of the casualties at an incident) none of the others are so easily accessible. That could cause many problems that previously we could almost ignore.

The removal of Guy's facility does in our view reduce our capacity to minimise the trauma inherent in mass casualty incidents, and will inevitably increase the organisational problems in dealing with such incidents. In cases where time is of the essence, the delay in getting a casualty to hospital cannot be other than increased by the proposed measure.

I hope the foregoing is of value. We do whole-heartedly support the retention of Guy's Hospital Accident and Emergency Department as an essential adjunct to the City's health and welfare.

Yours sincerely,

**D W Randall**  
Superintendent

## *Rugby*

Dear Sir,

My wife and I returned yesterday from a very successful tour of South Africa with forty-two active members of the Guy's Hospital Rugby Football Club celebrating our 150th anniversary (of the oldest rugby club in the world). Every member of the club played his part in enhancing the very high esteem in which Guy's is held in South Africa. In Johannesburg we met Stan Cooke, in Durban we spoke on the phone to Nick Labuschagne who is organising the Rugby World Cup in South Africa next year, and in Cape Town we met Louis Babrow, Manfred Platt, Edward Evans (son of Tubby) and Boet Dommissie, who is the Professor of Obstetrics and Gynaecology at Groote Schuur Hospital. They all expressed their dismay at the prospect of Guy's being deprived of some clinical facilities. In Patensie, the centre of the orange-growing industry in the Eastern Province, we met James Lane and the widow of CL Steyn who brought with her photographs of the Guy's Athletic Club of 1922 and 1923. CL Steyn was a formidable athlete who, his wife informed me, beat Harold Abrahams in sprint races. He was an unstoppable wing three-quarter in the 1921-22 Guy's team which contained fourteen South Africans and was captained by the greatest leader of forwards the hospital has ever had, WD (George) Do-

herty, who also was captain of Ireland. The side had Van Schalkwijk ('Goldflake') and Bekker at half-back and PK Albertijn at centre. Albertijn returned to South Africa in 1924 and captained the Springboks in the series against the British Isles, winning three times and drawing once. He was described by Theo Pienaar in 1955 as the 'greatest back ever turned out by Stellenbosch, Western Province or South Africa.' Mrs Steyn showed us a delightful photograph of George Doherty and his bride Margaret, all in white, surrounded by his fourteen South African team-mates on the occasion of their wedding in 1922. Owing to the close relationship between Guy's rugby and South Africa since 1898, when the first South African RC Mullins played for Guy's, a tour of that country has been an appropriate conclusion to the 150th anniversary of the oldest rugby club in the world. We are proud to have gone there with a mixed race team at a time when it seemed that they had overcome their own racial problems.

Yours faithfully,

TLT Lewis

## Tit-bit

Dear Sir,

A distinguished Guy's man in the Channel Islands recently received a letter addressed as follows:

Dr W G Tillman  
Guy's Hospital Alderney  
59 Grande Rue  
Alderney

Is this the latest strategic direction?

Yours faithfully,

Dr G W Scott

## ***Unworkable Plans***

Plans by Health Secretary Virginia Bottomley to close Guy's as a specialist hospital have been dropped because they are "unworkable", according to campaigners. Health officials have had to retreat on plans to move all the in-patient services to nearby St Thomas's after leading doctors at both hospitals told them it would jeopardise medical care. Some surgery will now be carried out at the Philip Harris House on the Guy's site, which was under threat from Government proposals. Mrs Bottomley's plan to strip the high-tech building of all the services for which it was intended brought the legal action as well as the prospect of a big financial loss. Health officials from the London Implementation Group were due to meet chief executive Sir Tim Matthews today to discuss the new plans, which will see routine orthopaedic surgery and the head and neck unit retained at Guy's. Guy's and St Thomas's now merged into one trust, have had two years of confusion over their future. There are still plans to close Guy's casualty department and its intensive care unit. Renal services may be split and doctors are uncertain when they will move to St Thomas'. An alternative plan has now been passed to the trust, which argues for the retention of services on both sites.

**Evening Standard**  
14 September 1994

## ***Pathology Lab Services Move***

From mid September, bacteriology specimens from patients at Guy's will be processed at St Thomas's as the two laboratories are combined in a hope to improve the efficiency and quality of service. This change affects services at Guy's only. Medical Microbiology consultants will stay at Guy's and offer a full clinical service including medical advice and telephoning of urgent and important results. Results from the St Thomas' laboratory will be transmitted to all clinical areas using the new computer network to which medical microbiologists and laboratory staff at Guy's have full access.

The aims of the move are supposed to prevent duplication of the Pathology Group's services on two sites. With effective and reliable transport for specimens and data communications development for transmission of results, services should be provided more efficiently and cheaply from one site. Clinical consultation and advice on patient management, including an infection control nurse, will be maintained at Guy's.

## ***New Data Network***

A new fibre optic Data Communications Network is being installed at Guy's. The Network will provide the most up to date technology for linking Guy's computer systems together and sharing information. It is a major component in the Trust's IT strategy. The Guy's Network will be linked up to a similar network at St Thomas' to enable applications to be shared between the two sites. The Network will extend throughout Guy's with outlets in offices, wards and clinic areas to which PCs can be connected.

## ***Diabetic Eye Care***

The Diabetic Day Centre at Guy's has recently acquired new equipment for Diabetic Eye Complication Screening (DECS). DECS provides a way of identifying early symptomless stages of disease, thus allowing early treatment of the single most common cause of preventable blindness.

## ***Environmentally Friendly Diet***

Exhaust fumes in cities form toxic chemicals by a photochemical re-

action with the sun, giving rise to environmental pollution. According to Professor Diplock and Dr Catherine Rice-Evans of the UMDS Free Radical Research Group, based at Guy's, there is little we can do individually to improve the quality of the air we breathe.

However, the right diet can protect us from the harmful effects of inhaling pollutants, ozone nitrogen and other people's cigarette smoke. At least five helpings of fruit and vegetables per day are needed to maintain good health. So it now takes five apples a day to keep the doctor away!

## ***Mummy Finds New Home***

The mummified remains of a man who died over one hundred years ago are to find a new home at Guy's after spending the last thirty five years in the garage of a retired ambulance worker. But before the remains could be accepted, an inquest had to be held to try to find the cause of death a century ago. Needless to say the coroner had little success, but the remains will now be able to come to Guy's having undergone the due process of law.



ON BEHALF OF  
GUY'S HOSPITAL GAZETTE

# Christmas Prize Draw



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# Surgical History

*Lady Diana Cooper and Sir William Arbuthnot Lane:  
'Aristocracy working at Guy's'*

**I**n April 1992, with the election won, a confident John Major spoke of his vision of Great Britain as a classless society at ease with itself. The opposition laughed at him of course, but if the Prime Minister needs encouragement he could compare the Great Britain of today with that governed by Herbert Asquith in 1914. Class is now quaint by comparison; then it dominated every aspect of British life and the meritocracy John Major dreams of was not on the agenda. Queen Victoria was dead, but her Empire thrived. I once fixed the broken hip of an old Southwark lady (Lily, Gracie or Queenie, I forget) who had waved her Union Jack as the dead Queen passed by. She wept then and the Empire wept with her.

*'Her conception itself  
was romantic, perhaps  
drunken and perhaps not  
legitimate.'*

By 1914 Great Britain had a new King but remained a nation of vast wealth and confidence. Most wealth lay with perhaps 60, fabulously rich, families and, directly or indirectly, so did political power. Like any elite the status quo had to be maintained. Any-

thing that affected or threatened it, but especially marriage and producing an heir, were the occupations of the day.

Into this world and into one of these families was born, on 29 August 1892, Diana Manners, later Lady Diana Cooper. Like another Diana of a generation to come she claimed attention and adoration. Her conception itself was romantic, perhaps drunken and perhaps not legitimate. Her mother was Violet Lindsay and her mother's husband was Henry Manners, later the 8th Duke of Rutland. The Duke was interested in fly-fishing and fornication but not with his wife, and so he was confused when she presented him with a beautiful clear eyed daughter whose birth for reasons of his own he did not register.

A poorly kept secret in London at that time was that Henry Cust was the Duchess's lover and the father of this new child. Cust was a handsome, swashbuckling sexual adventurer; an Errol Flynn before moving pictures, a player of nude tennis. If he wasn't Diana's father, and looking at photographs

of them and especially the crystal-clear blue eyes they shared, it is difficult to think otherwise, he should have been.

By 1914, she had become the brightest light on the London social scene and later the west end stage. She was a member of the coterie; a circle of bright, rich young people who kept the court and social columns of certain newspapers and the gossip columns of others full. Gorgeous looks were only part of her appeal. She was incandescent. In crowds all eyes were on her. Her entrances and exits were legendary. Young men, and a lot of old ones too, buzzed around her like insects around a porch light, making fools of themselves. She enjoyed this power she had over men; it was muscle, and she flexed it often her whole life.

In late Summer 1914, a few days before Diana's 22nd birthday, bellicose posturing became conflict. It would be over by Christmas of course. But Grey, the Foreign Secretary, had more prescience: 'The lamps are going out all over Europe', he wrote and he was right, but he wasn't talking about ballroom illumination and even he had no idea how many would be extinguished.

The Great War was great in many terrible ways but in no way its prosecutors intended. It emptied the coffers of the British Empire, changing huge credit to huge debt, and killed a million of its male subjects. Bullet wounds were of low velocity, contaminated

*'The Great War ways great in many terrible ways...Newspapers contained pages filled with nothing but names of those lost; no family in Britain was untouched.'*

with mud and tunic, and many soldiers died slowly on the battlefield for want of evacuation. Others died during slow transportation to field hospitals at a time when shock was not understood. More died later, even as the surgical lessons of other conflicts were learnt, from sepsis in an era before resuscitation and antibiotics. Casualty figures became meaningless numbers, too awful to comprehend. Newspapers contained pages filled with nothing but names of those lost; no family in Britain was untouched. The hardware of killing and maiming was much more advanced than the tactics of attrition but no-one could think of anything else. Tacticians still believed a cavalry charge was the answer to the machine gun; all they needed was firm ground and good weather.

But in 1914 no-one knew this yet and Britain was swept with patriotism. Naive young men spoke of death as a great adventure and rushed to join up. Diana Manners was not short of patriotism herself and she determined to follow the British Expeditionary Force to France as a nurse. Her will clashed with her mother who feared rape and their unholy row ended in compromise; Diana would become a voluntary nurse at Guy's Hospital.

In October 1914 she exchanged her home in Arlington Street by the Ritz Hotel, filled with every comfort, to join Guy's in the heart of Southwark and 'end her life of grim monotony'. It is doubtful she had ever strayed as East or South in London before. Why she chose Guy's is unclear but the Prime Minister's son Raymond Asquith wrote to her to bring her to her senses. She was parent-dodging, had no idea of the drudgery, but worse, the uniform was disfiguring. Diana dug in her heels and would not listen. Shifts were 10 hours long and the male ward she worked on was a 'stinking bolting-hutch of beastliness' filled with 30 'whining' men.

Whatever her motives, and not quitting was among them, she stuck to her task and perhaps warmed to it. Like all who have been through nursing or

medical training she lost the instinct to turn away. Her greatest triumph was acceptance by patients and staff, a modest goal for the rest of us but a considerable achievement for one with her background in that age. The novelty of having someone so highly

*'In Lambeth music halls Gilbert the Filbert...made them laugh about aristocracy working at Guy's: 'I'll eat a banana with Lady Diana' he sang.'*

born doing the most menial tasks for the Bermondsey salt of the earth (soldiers came later) soon faded. She accepted dressing downs from the sister with grace and came to agree that the task was everything and her vanity nothing. In Lambeth music halls Gilbert the Filbert, an attraction of equal billing with Chaplin but alas not destined for showbusiness immortality, made them laugh about aristocracy working at Guy's: 'I'll eat a banana with Lady Diana' he sang.

Duff Cooper was a member of the coterie who did not go straight to France because his work as a foreign office clerk was considered too valuable, although naturally he wanted to. He was the son of a surgeon, charming and intelligent but not the tallest, not the most handsome of the coterie. His reputation from days at Eton and Oxford was of a man with potential too fond of the bottle and women to realise his talent. He fell in love with Diana as they



all did but perhaps a little slower than usual and for a while at least was not besotted to neglect the pursuit of others.

The Duchess did not approve of 'that awful Duff'; he was not born high

*'The Duchess did not approve of 'that awful Duff'; he was not born high enough or rich enough and he was too clever.'*

enough or rich enough and he was too clever by half. Much of their courtship happened by letter or out of her gaze. It began in 1913 when Diana spelt his name Coowper (her spelling remained inventive throughout her life) and he wrote back signing himself

Cooowper. Their letters were passionate, overblown, and spoke of their love in very grandiose ways. But that was the fashion of the day and both wrote and received similar letters to and from others every day.

By June 1915 their relationship had matured to a point where, drunk at a wild party at the Cavendish Hotel, they exchanged blows over a comment neither could recall later; Diana drew blood. The same month, also drunk but this time in Brighton, they fell over each other descending steps to the beach. Duff bruised his kneecap but Diana broke an ankle and she knew from her days at Guy's that it was a serious one named after Percivall Pott, a Barts' man. She needed an operation.

Two days later she was taken to Guy's to be seen by Sir William Arbuthnot Lane FRCS, Senior Surgeon at Guy's and one of the most eminent surgeons of his day. He was by then four years from retirement and becoming, judging by his management of constipation with total colectomy, somewhat eccentric. Duff was concerned about the choice of Lane as surgeon. He wrote to Diana that Lane was not a specialist in legs. He was an ambitious man who looked higher, and Duff hoped Lane looked no higher than her ankle during the operation. Duff was yet to meet Lane and might have heard of him from his father, Sir Alfred Cooper FRCS, himself a distinguished surgeon, a venerealologist, and probably familiar with the gossip about Lane at Lincoln's Inn Fields.

But Duff was wrong in one respect; Lane had written brilliantly about the treatment of fractures and was especially wise on the subject of the broken tibia. His patients were likened to working machines; a broken leg, badly set, reduced the efficiency of the machine by 80 per cent of more leaving the patient unable to earn as before, unable to look after his family and forced to rely on charity. The problem he identified was the failure of manipulation and plaster casts to reduce and hold many tibial shaft fractures properly. If there was

union it was often a malunion, and the patient could no longer do manual work. How sadly true, this remains 100 years later!

Lane's solution was to pioneer internal fixation of fractures using steel screws and plates bought from a hardware store in Borough High Street. Were he alive today listening to Swiss and German orthopaedic surgeons of the AO School preach their philosophy of restoration of function by restoration of anatomy he would conclude that they had reinvented the wheel, his wheel.

Lane was born in 1856 and came to Guy's aged sixteen. He was the son of an army surgeon and was to become another Scotsman who made The Royal College of Surgeons of England great. He spent six years in the dissecting room

*'He was technically a superb surgeon, dextrous and quick. In 1892, the year Diana was born, he introduced the 'no-touch technique' to minimise sepsis.'*

trying to relate the anatomy of cadavers to their occupations in life. He was technically a superb surgeon, dextrous and quick. In 1892, the year Diana was born, he introduced the 'no-touch technique' to minimise sepsis. This still has its

champions, more than ever in a new age of worry about contamination of surgeon by patient. Precise advocates never allow contact with the 'business-end' of instruments and fingers in the wound are forbidden. Another orthopaedic surgeon at Guy's, Adrian Henry, nephew of AK Henry the great Irish anatomist, later acknowledged the debt we owe Lane but fondly lamented that too many surgeons practised with a 'no-technique touch'.

Lane's fastidious attention to detail came to the notice of the fiction writer Conan Doyle. At least some of Lane lives on in Sherlock Holmes. Holmes dissected facts the way Lane dissected the abdomen but where Holmes was infallible, Lane was cursed with tunnel vision and worked in a pioneering age, decades before audit would have halted his colonic massacre. But his legacy in trauma surgery remains unblemished. Had they been contemporaries, Pott might have taken his broken leg to Lane at Guy's instead of enduring the agony of a much longer journey on a door carried by four men over London Bridge to what he imagined was the safety at Barts.

Lane fixed Diana's ankle with steel screws and a plate. There are hints in her correspondence of a complication. It might have been wound breakdown because two or three days after an ankle fracture is not a good time to operate with the ankle swollen and the skin tense. She rehabilitated in a nursing home in Manchester Street, near Harley Street. She was surrounded by flowers and

chocolates and fruit, besieged by admirers and flooded with letters. She eventually healed and returned to nursing at Guy's, often complaining to Duff about the ache in her leg at the end of a shift.

The members of the coterie fell in France one by one and Diana turned to morphia for comfort, obtained quite openly by servants from a chemist next to the Ritz. This might be something else she learned at Guy's! By May 1918 Duff was in France with what was still called the British Expeditionary Force. His letters to Diana became more frequent, more desperate, more sincere. Put simply, they found they needed each other. They spoke of marriage.

In August 1918 he became a hero. He led those left standing through thick fog into a German trench and captured it. He was 19 years old. He found the experience exhilarating. 'It was,' he wrote 'what the old poets said war was and what the new poets say it isn't.' For this action second lieutenant Duff Cooper was decorated with the Distinguished Service Order - and a brilliant future in politics and the foreign office beckoned.

The Great War ended and the combatants retired exhausted to lick wounds. In Russia, revolution murdered the Romanovs and swept away the class system. It didn't last long in Germany either. In Britain there was huge social upheaval that fell short of revolution but changed things forever. Women could no longer be denied the vote, the wealth and influence of the great families was badly dented, the economy was devastated. But worse of all a generation of young men including the best educated and most talented had been sacrificed in the mud and gas of the Western Front. The patriotism of 1914 was forgotten; Britain no longer ruled the waves.

Lane and Diana met again when she called him out of retirement during an attack of hypochondria when she was convinced she had breast cancer having seen a number of cases at Guy's. Lane advised pregnancy; a good suggestion as the likely diagnosis, if there was one, was fibroadenosis. Diana dismissed him; she'd been trying for this since her marriage. Ultimately a Portuguese quack called Gomez told her it was thyroid trouble and this quietened her somewhat. In view of her abundant energy and notoriously short attention span - she once asked the dinner guest next to her who he was and what he did five times - Gomez might even have been right.

Lane retired in 1919. His last house surgeon, Graham McKim Thomas, organised the final ward round and operating session on Friday, 31 January 1919. All his previous house surgeons were invited to attend what must have been a very grand round indeed. They took tea on Martha Ward at 4 pm.

Duff went into politics and later returned to foreign service. His courage didn't fail him, when, disgusted with the appeasement of Hitler, he resigned from Chamberlain's cabinet. Diana became an actress on the stage and in early

films but mostly she remained famous for being Diana. Their marriage was enduring and happy if unconventional. They rubbed shoulders with all the major players in politics and show business of the first half of this century. In Diana's case she continued well into the second half too. Winston Churchill captured her personae best with a game he played at balls. Women were rated by how many ships their face would launch, from 0 to 1000. Only two scored 1000: one was Clementine Hozier, whom he pursued until she was his wife, the other was Diana.

Will we see her like again? Doubtful. We progress fitfully towards meritocracy. There is no longer a ruling class. The upper class is ridiculed, the Royal Family humiliated. Bets are placed that we shall be a republic by the turn of the century. No Diana Manners would last in this vulgar age of satellite television and one-day cricket, nor would she want to.

The plate in her ankle? It corroded as years passed and the skin over it broke down. When the time came for its removal she sought out another Guy's orthopaedic surgeon of distinction, Michael Laurence, who found the plate had all but dissolved and the screws no longer had threads. He keeps them in his private collection amongst other implants that Lane had the courage and pioneering instinct to insert.

Neil Slater  
MA FRCSEd FRCS(Orth)



# THE ISLES OF KERKENNA

*War-time in North Africa by the Late Dr Philip Evans*

**S**hips making for Sfax must take a sweep out to sea. The shallows extend 20 to 30 miles from the land, but rise to form a line of islands running from south west to north east. These unsubmerged sandbanks are the Kerkenna Isles. Two are of fair size, the northern measuring about 13 by 4 miles, the southern 4 by 2. Together they form a Khalifat of 9 townships, one being on the south island and the rest on the north. The population was 17,000 in 1937, almost entirely Arab, and there are only 6 French men and women at present. The Kerkenniens are a fine race, tall, vigorous, intelligent, and with the primitive notion of hospitality.

The economy of the islands is fairly simple. There are three major exports: fish, sponges, and esparto grass; to these may be added fishing boats, sailors, stevedores, and in the past years sea-salt. These enable the islanders to buy what they need of manufactured goods and wheat. For internal consumption, the palm trees with which the islands are covered provide dates and palm wine; leaves for making fish traps, hats, baskets and panniers; wood for fuel and roof beams. There is stone and the houses are built of it. There is an abundance of grapes, figs, melons and tomatoes, with also some barley, olives, locust beans, peaches, nectarines and pomegranates. Of animals there are chickens, donkeys, camels, sheep, hares, and a few goats, dogs, and cats. There is no milk. Water is short, the few wells are brackish and are used for catering animals, while the human population depends on the winter's rain stored in cisterns.

Six days leave provided the opportunity for a visit to this Eden. We chartered a 26 foot felucca, loaded up with rations, water, etc., and set off on Monday morning at ten o'clock. In addition to B and myself there were our batman (known on the island as Monsieur Georges), the Italian boatman whom we called Moses, and three French to whom we were giving passage.

With a strong wind we made a spanking crossing in 2.5 hours, driving straight at a curious silhouette of palm trees based on a line of yellow sand. We skirted several fish traps -- but the methods of fishing in these shallow

waters are a subject in themselves -- and went straight for what Moses thought was the channel between the two islands. Just before he could pile us up on a sandspit he wheeled right round, jibed the towering lateen sail and set off lickety-split southwards down the coast, for he had completely misjudged our position relative to the featureless shore.

We got through the channel and tacked up the seaward side of the island. Here houses were visible, first the gleaming white of Ouled Yaneg, to which the Bey of Tunis used to send his discarded wives, whose descendants are renowned for their beauty today. Next came Ouled Kacem, then Ouled Bou Ali where we sailed in until we grounded, and waded the final 500 yards ashore.

We were greeted by the Chekh, a venerable gentleman who had been Khalifa but had retired to this easier post in his own village; his son is the present Khalifa and he also appeared and greeted us warmly, but fortunately in French. The Chekh's Arabic speech was translated word for word into French and we could only stutter in reply, but later we grew more practised in making courtly speeches. We sat out of doors and drank coffee, chatted about English and Arab customs, Tunisian Nationalism, French administration and so on, while the sun declined behind the beautiful domed marabout at the water's edge, and the light breeze made the leaves of the leaning palms whisper together.

After 3 hours or so our scratch meal was ready. All the visitors sat at a table in front of the Chekh's house and ate vermicelli soup, three different mutton dishes, and fresh fruit. Some thin Kerkennien wine, coffee and fine, encouraged us to stay on smoking and talking while the moon rose. Eventually we went to bed on mattresses and Kairouan rugs in the office, but it was very stuffy and every other night we slept on board.

Next morning, after a cup of coffee at half past seven, we were pushed out in a flat-bottomed boat to a narrow channel where we could dive and swim. Refreshed, B and I (being RAMC officers) started off on a tour of medical practice. There is only one nurse on the island, and a doctor makes a four-day visit once a month, so we found plenty of work. We did another round in the evening, and made an impressive procession - guide, physician, surgeon, self-appointed medical orderly in charge of the Red Cross bag, and finally a dignified Kerkennien carrying a napkin for the reception of fees -- we never lacked eggs and fruit. The work was medically interesting, but it was especially valuable because it got us on good terms with everyone, and we were able to see the houses, the women, and the children. Almost all the people we saw were clean and well dressed, and to our surprise we saw no fleas or lice. Where the sun had not caught it our patients' skins were as white as our own.

There were fair haired and blue eyed Arabs. The women were mostly not beautiful but many were handsome, and they had a swagger not at all like the unobtrusive scurrying of their sisters on the mainland. The clothes were gorgeous as the peacock's tail. A well-known Kerkenna fashion is to clothe one side of the body in one colour, the other side side in another. A dress may be all scarlet on the right and emerald green on the left. Shawls are used as veils, and were carefully used when we were out walking, but when doctoring we were privileged.

We had to return to the Chekh's house, for the village band was out to give us a show. The two pipers and two drummers were dressed in pale blue shirts and pantaloons, and dark blue embroidered waistcoats. Around each crimson chechia were the four golden rolls of the turban which indicate the wearer as a notable. The musicians danced and played simultaneously, with a good humour, verve, excellent time, and the production of a terrific amount of noise. The total effect was pleasant and exciting. After each item money was handed over, and this was the only time during our stay on the island when we could spend any money. Then the spokesman came forward and, raising the money above his head with both hands, made a speech in honour of the donors and the visitors, whose rank and Christian name he proclaimed each time. After this he told a story and then the whole band played again. One story or poem sounded very much like the Song of Songs, but the beloved in this version had blonde hair.

*'...musicians danced and played simultaneously, with good humour, verve, excellent time, and the production of a terrific amount of noise.'*

Moses weighed anchor at half past five next morning, setting off in the dark because a wind had sprung up and there was a long and tricky sail over the shallows to El Attaya in the north of the island. Arriving in midmorning we went ashore and called on the Maitre du Port, who had invited us. We had coffee and discussed dinner, then we went back to the boat and bathed with a lot of cheerful Arab boys. They gave us bait and tied up alongside and everyone fished. They threw their catch onto ours, and presently the Chekh came and fished too. Finding we were only getting tiddlers he went off and came back half an hour later with 7 fine mulets, which he laid on top of our catch to make it look respectable.

After sleeping all the afternoon we landed again at five o'clock. The Maitre du Port lives in a French house with French furniture, and I thought he was a

French convert to Islam, but he turned out to be an Arab who was a naturalised Frenchman. He showed us his pigeons, and the partridge he had trapped and was taming to use as decoys. We went for a walk through the palm trees, and he pointed out that in the cemetery the graves of the males had only a headstone, while for females there was one at the foot also. Many trees here were tansured for the collection of palm juice, which is a favourite drink both sweet and fermented. Fermentation occurs in a few hours, so fresh legmi is not often drunk. The decapitation and bleeding of the tree is said to weaken it, but we saw trees which had been used from 4 to 7 times and were bearing heavy crops of dates. The dates are plentiful but are second class, and mostly used for feeding animals.

Next day we had breakfast at 7, and met the the Maitre du Port for a second

*'...the graves of the males  
had only a headstone,  
while for the females  
there was one at the foot  
also.'*

breakfast at 7.30, before starting off to walk along the shore to Kheraib. Women were washing dried figs in the sea preparatory to storing them for the winter. Monsieur Georges did not come along with us, having succumbed to the drastic purgative action of too much legmi. We abandoned him to Moses and the boat and the long way round by sea, past an unin-

habited island where hundreds of drowned Italian sailors have been buried in the past three years.

Both in Kheraib and Chergui, the next village, cages on the roofs show that there have been several weddings recently. On Kerkenna the 'camel marriage' is de rigueur, the bride and two friends crowd into a wooden cage on a camel and travel to the house with a piper and relatives and spectators. After the marriage the cage is put on the roof, over the door, and left there until the birth of a son. Then it is taken down and the father chops it up and uses the wood to cook little cakes which he gives to his friends. There are not many marriages now, as the textile shortage makes the collection of the trousseau extremely difficult.

Kheraib and its suburb Kraten are great fishing villages and a mine of information about fishing and sponge-fishing. After being presented with sponges, we left in the cool of the evening to walk the short distance to Chergui. The Chekh and his friends saw us to the edge of the town and gave us a guide who delivered us to the Chekh of Chergui and his amusing, sophisticated son. The father had been Chekh for 30 years. His father was Admiral of the Bey when the French established their protectorate, and was



killed for providing French prisoners with drinking water. (When I asked for a glass of water, I had it in an outsize cut-glass tumbler which had belonged to the Admiral). While we were sitting there in the square of this remote fishing village we suddenly saw a girl riding up on a bicycle. She was pretty as a paint, in a starched linen frock, her hair was curled as though the friseur were just around the corner. She turned out to be the school mistress and she was an enchanting woman.

At half past seven next morning we called on the boat builder who treated us to legmi and boiled eggs. We admired his boats -- olive wood ribs, masts of Canada pine from the north of France, planking of red pine, sails from Malta -- and asked to see his plans. He pointed to his head and said 'It's all there.'

We asked how long it took to build a boat: 'Two weeks, or six months. Sometimes I build boats, sometimes I talk, and sometimes I drink legmi.' His is a hereditary craft, all the family engage in it. One of his brothers lives on the mainland and makes boats near Sfax. To everyone's surprise, the Chergui brother has also taught a man not of his family, a wooden legged man on whom he took pity, and their two establishments provide the boats for Kerkenna and many for the mainland.

After another medical round we sailed regretfully away and spent an idle day at anchor, swimming from time to time in six feet of gin-clear water. In the early evening we sailed into Branka, the 'Port of Remla' (three grass huts), and with a boy who appointed himself as guide, set out for the town. An agent of the Khalifa met us and escorted us to the Nurse's house. This charming and courageous woman made us comfortable in her courtyard, and went into ecstasies over the remains of our slender medical stores, which we gave her. I have never before won my way to a woman's heart with half a roll of Elastoplast. We had already supped, but found ourselves presently eating potato puree, mutton, German pate de foie, figs in syrup, and grapes in brandy. The unfortunate invalid was given a tisane of lime seeds and leaves, sent from France two years earlier, and recovered enough to have some of the grapes. At eleven, when we left, our guide and the agent were still waiting for us, and conducted us back to the boat three miles away.

That was the end. Next day we sailed back, the feeling of being visiting royalties soon wore off, and we remembered again there was a war on.

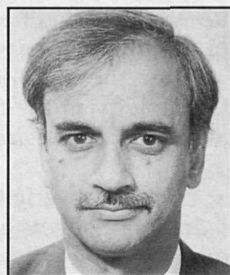
**Major P R Evans**  
RAMC

Former Senior Physician  
Paediatric Department, Guy's

# An Audience with Dr Qureshi

*What makes a Cardiologist tick?*

**G**uy's Hospital has a world renowned paediatric cardiology department which is run by a highly skilled team. In this interview we take a look at one of the individuals behind that team, Consultant Paediatric Cardiologist, Dr SA Qureshi.



## **What was life like as a Medical Student?**

I studied Medicine at Manchester University Medical School. My time there was very enjoyable - not the medicine side of it but the independence and freedom of university life.

One incident I particularly remember was the massive water-fight in the medical students residence at one of the hospitals. This went on throughout the night - the following day water was seeping through the 2nd floor into the 1st floor and through the ceiling to the ground floor. So we did quite a few thousand pounds of damage and got reported back to the Dean. Fortunately we were only disciplined and not fined. This had some influence in trying to avoid future jobs in Manchester.

## **What was your first day as a House Officer like?**

I was a medical House man at Luton and Dunstable Hospital. I suppose it was the most exciting day of my life - something I'd been looking forward to. In many ways I'd hated medical school because I could not wait for the responsibility, the glory, the aura that goes with becoming a doctor.

Within about an hour or so all that enthusiasm filtered away because my boss introduced me to the Ward Sister and said, 'This Sister is going to work with me for the rest of my life, you're going to work with me for only 6 months - don't cause any trouble.'

Immediately I felt I was put in my place. But, by the end of the job, I had developed a lot of respect and loyalty for my boss and felt part of the team. Nowadays, I think this will happen less and less due to the shorter rotations - you don't get the chance to develop the same loyalty.

## **What post-graduate training did you need to become a Cardiologist?**

After the house-jobs I did SHO jobs at Dartford for 18 months in Medicine and part of this included Cardiology. Interestingly one of the jobs I applied for and didn't get was an SHO job at Guy's. This riled me a bit and in the back of my mind there was always the ambition to try and even that score out.

After the SHO job I went to Barnet as a Medical Registrar, again with Cardiology in the rotation. From there I spent just over 3 years doing adult and Paediatric Cardiology at Harefield Hospital.

## **Why Paediatric Cardiology?**

In my final year at Medical School I decided that Paediatric Cardiology was one career I would never pursue. But by that stage I had narrowed my choices to Career in adult cardiology and neurology. The reason being I couldn't understand either of them. In the end, I opted for Cardiology, mainly because it was more exciting. While in neurology nothing seemed to be happening and you couldn't do much for patients even after diagnosing an abnormality.

I was a very reluctant Paediatric Cardiologist, I had always refused to do Paeds, even threatening to resign in previous posts. In the end, I was pushed into it.

When I started the research registrar job at Harefield they assured me I wouldn't have to cover Paediatric Cardiology, only adult cardiology. Then 6 weeks later the two Paediatric Cardiology registrars left and I was approached to cover the speciality.

Finally, with some persistence they persuaded me to be on-call one night to see if I liked it. Reluctantly I agreed. I think it was the fear of having to deal with babies that was putting me off and so as soon I was bleeped, I locked myself in the toilet because I was so scared. Eventually, I built up enough courage - but I still took another registrar with me for support. Once I'd sorted the problem out I realised I could do this job and after further nights on-call I agreed to a permanent post.

From then on I really got into Paediatric Cardiology and enjoyed it mainly because it was a challenge, something that would keep me interested until I retired.

## **How would summarise your job?**

The job consists of seeing babies soon after birth when heart disease is suspected or seeing them as an out-patient when they are older. I try to make a diagnosis from the history and examination and specialised diagnostic techniques.

These include echocardiography which aids anatomical diagnoses of the heart; Cardiac Catheterisation measures pressures and oxygen levels at various sites in the heart, and also angiography.

Treatment and management involves working closely with the Paediatric Cardiac surgeons and the Paediatric ICU team. The final aspect of the job is non-surgical interventional treatment. This either replaces the conventional treatment or complements surgery making the surgeons job easier and reducing the risk to the patient.

### **What do you most enjoy about it?**

The interventional techniques, many of which have been developed over the last 10 years. The commonest is balloon dilation for any narrowed arteries or valves. Apart from that, umbrellas are used to close abnormal holes or arteries; laser or radio frequency wires to open up blocked or atretic valves; and metal stents for congenital or post surgically stenosed vessels.

### **Has it lived up to your expectations?**

Absolutely. In the 1970's the work load only consisted of diagnostic echocardiography and cardiac catheterisation.

There was nothing interventional - nothing that could be called treatment. Within about 5-6 years, interventional techniques began to develop; treatments I had never imagined when I started Paediatric Cardiology.

One of the reasons for choosing a non-surgical speciality was that surgeons, in my mind, had to get into theatre early, spend all day on their feet finishing late in the evening. Such long hours I did not find appealing. I preferred to take a more leisurely enjoyable approach to work. With the advent of intervention that's all gone out of the window - I sometimes start at 9am and finish at midnight.

### **What 'qualities' do you need to have?**

I ought to say you should enjoy working with children but in my case when I was a student - I could not stand the sight of an ill child. However despite that handicap I've managed to do Paediatric Cardiology. Now I enjoy dealing with children. So, one of the most important qualities is to enjoy playing with children and working with them, whether they're healthy or sick. Secondly, I think you need a humane down-to-earth approach with parents rather than the god-like non-communicative approach physicians or surgeons sometimes have. Finally, enthusiasm for the specialty and ability for research - but these are less important.



## **Are there any ethical issues which trouble you in your job?**

There are several. One of which is a particular congenital heart defect - hypoplastic left heart syndrome. Conventionally we avoid treatment and allow the babies to die. At times its very difficult to accept because apart from the abnormal heart the rest of the baby is generally normal. I feel alot of effort and resources need to be used to deal with this condition whether by transplantation or reconstruction surgery - so that the child can survive.

Prenatal detection of congenital heart disease is another area I find difficult. There are some complex heart defects about which I have no worries. But there are others where I feel termination cannot be justified.

When parents are told their baby has a heart defect often their automatic reaction is to demand an abortion - even after they are told that the results of surgical treatment are good - they feel they do not want to go through such an experience. I find this scenario ethically and morally difficult. The heart defect is correctable - how do you support the parents with a clear conscience if they opt for termination. But when all is said and done, the parents have to make the decision, we cannot force our opinions on them.

## **What do you think about the changes at Guy's?**

I find this easier to address since I'm not a UMDS graduate. Whether the Paediatric department is at Guy's or St Thomas's doesn't matter to me provided the service is not comprised. At the moment, the question of the site hasn't been resolved but provided adequate facilities and support specialities such as fetal cardiology, obstetrics and paediatric ICU are present, I'll be happy.

## **What research are you currently involved with? What future developments do you see in cardiology?**

We have been putting metal stents into different vessels - aorta, vena cava pulmonary arteries, femoral arteries and patent arterial ducts - of lambs. We've been doing this for, just over two years - firstly to see whether the stent remains patent and secondly whether the stents can be redilated as the lamb grows. As a result of this work we have started putting stents into babies, children and adults.

In addition, we have developed a technique of opening atretic valves by using a laser heated guide wire followed by balloon dilation of the valve. This had not been done anywhere else; and the technique has been further improved by using radio frequency heated guide wire which is safer than the laser.

Our department is also involved in Magnetic Resonance Imaging of heart disease - looking at the structure of the heart and developing cine MRI to assess function.

Finally another important research field is Fetal Cardiology - assessing fetuses with heart problems.

I think there will be continuing advances in interventional techniques - different types of equipment becoming available for different defects. Surgery will always be required for the more complex abnormalities which cannot be treated by intervention. However, what we don't know is the impact of fetal cardiology.

In theory, if Fetal Cardiology can be made available throughout England then fetuses with complex heart defects can be detected earlier and terminated so that such problems are no longer seen postnatally. Paediatric Cardiology will then only deal with straight forward heart defects probably with interventional techniques - leaving only a small per cent for the surgeon.

**What do you think about the new European legislation ie the post-graduate training coming into line with European recommendations following the Coleman Report?**

It's going to put a lot of pressure on Paediatric Cardiologists, but I think we have no choice and must fit in with the European training schedule. But what worries me is that we may produce doctors who are still short of the experience required to confidently deal with cardiac problems at consultant level.

**What do you do in your spare time?**

I play badminton with my children. This is quite a challenge since they are far better than me. I've also been learning to swim over the last year and can now swim about a length. In the summer I play cricket for the Guy's Consultant team, and when I get the chance I go and watch a game at the Oval or Lords.

**Do you have any strong beliefs - religious or otherwise?**

Firstly, I'm very superstitious, for example when I'm about to do a complicated intervention. There are two taps for scrubbing up in our lab, I never use the left tap. Whenever I've done so in the past, things have gone wrong.

I am a Muslim and I believe we are answerable only to God. If it is written that a person will die, no matter what I do he will still die. At other times patients will survive when we have almost given up.

I suffer from vertigo and am terrified of flying. A colleague of mine (Professor Tynan) also has this phobia, but he generally overcomes this with alcoholic

aid. I, on the other hand, find myself checking into airports at the very last minute which has meant I've missed a few flights.

## **Who/what has been the greatest influence in your life?**

Four people have at various stages influenced my career.

My first Consultant boss (house job) took me under his wing and taught me intensively at MRCP level, so that when I took the exam I passed it first time. Without his efforts I wouldn't have been able to pass. He also got me more interested in cardiology.

Secondly, Rosemary Radley Smith who is a Consultant Paediatric Cardiologist at Harefield Hospital. She knew how much I disliked Paediatric Cardiology but pushed me until I took it up as a career.

Brigadier Zulfikar Ali Khan, director of Cardiology in the Pakistan Army was instrumental in persuading me to work in the Army in 1983. At that time President Zia's daughter had a heart problem which was treated at Harefield Hospital. Since Pakistan lacked this kind of care he felt there should be a Paediatric Cardiology Unit in the Pakistan Army. As a result, I agreed to help set the unit up and was immediately accepted as a Major in the army. It was a very stimulating and educational period of my career.

Whilst I was in the Army, I organised a visit for a team of Cardiac Surgeons and Paediatric Cardiologists from Guy's in 1985. Professor Tynan was among them and we struck up a friendship. He was the fourth person to influence me.

On leaving the Army (who were glad to see me go since I lacked 'army type' discipline - I never called anyone 'Sir' or saluted people who were senior to me) - I took up a Research Registrar post at Guy's with Professor Tynan.

I was then accepted for a Senior Registrar Job at Liverpool and then became a Consultant there. A year later (1987) a job arose at Guy's and I was flattered when Professor Tynan suggested that I should apply.

There were a lot of selfish egotistical reasons for my move. I felt that Guy's had a conservative approach to Consultant appointments. There were no Asian Consultants in the Clinical Specialities. And for my own personal ego I wanted to get a Consultant post in a high profile speciality at a place which had previously rejected me. In addition, I got on very well with Professor Tynan and knew I would be working in a pleasant, friendly atmosphere.

## **What has been the most important lesson you have learnt from life?**

Before going to Pakistan, I was afraid that things may not work out there. I asked Magdi Yacoub for advice and he said, 'what does your gut feeling tell you?' Since then I always followed my gut feelings and invariably made the right decision.

## **What has been your most embarrassing moment?**

In 1982 at Harefield Hospital there was a party in the cardiac department. The theme was Punks. Although I was on call I couldn't get into the party unless I was dressed as a punk. So the girls in the ECG Department sprayed my hair and chest, gave me chains and safety pins and did my make up.

Unfortunately the bleep went off and I had to rush to an emergency in ICU. When the mother of the baby saw me she screamed and then, once she realised who I was, she started laughing. Luckily the baby survived.

## **How would you describe yourself?**

I think I'm down to earth and I can understand other people's feelings easily. I'm reasonably intelligent and innovative. I'd say I'm about as good as a plumber. Probably my worst fault is that I cannot lose my temper easily.

## **Would you recommend medicine to your children?**

I wouldn't recommend it. I think you sacrifice family life - before you know it your children are growing up faster than you thought. I've missed important moments in their lives, which is my one big regret.

## **Have you fulfilled all your ambitions?**

I remember applying for 13 SHO posts including one at Guy's and being rejected by all of them. At that point, I seriously considered forgetting hospital medicine and becoming a GP. However, I've achieved more than I ever thought I would by becoming a Consultant Paediatric Cardiologist at a teaching hospital and Guy's at that.

**Roopa Mehta**



# Sherlock Holmes and Dr Watson

*The Medical Knowledge of Dr Watson:  
An Article by the late Dr Maurice Campbell*

**A**mong the many well-known characters of Victorian fiction, Sherlock Holmes and Dr Watson have found a secure place. For the middle aged, who remember their adventures in old Strand Magazines, most modern detective stories provide a poor substitute, though the prototype on which they have been roughly modelled is only too obvious. During the last few years this interest has led to several investigations of the life history of Holmes and his faithful companion. None of these was dealt specifically with the medical problems involved, though these are of great interest, for Watson's views can be taken as representative of the solid practitioner of the late Victorian age, and the more specialised and scientific knowledge as the special metier of Holmes. Had Watson not been a doctor the stories would have lost a good deal in accuracy. [In his Harveian Oration of 1944 Sir Edmund Spriggs has tried to show the important influence that a medical training had on many distinguished names in English literature.]

*'Had Watson not been a doctor the stories would have lost a great deal in accuracy.'*

Naturally, when dealing with crime there must be many medical details, but it is surprising how many incidental references there are in addition, showing that Watson was really interested in his profession and looked at life from a medical angle. For example, instead of reading that Victor Trevor was the sole surviving child, which is all that is essential from the story, we are told that his only sister had died of diphtheria in Birmingham (The Gloria Scott). Similarly we read that Dr Grimsby Roylott's wife had been killed in a railway accident at Crewe (The Speckled Band), that Ronald Adair's mother had returned from one of the Australian colonies to undergo an operation for cataract (The Empty House), and that old John Turner, whose natural death was needed to save him from the gallows, had suffered diabetes for some years

(The Boscombe Valley Mystery). Possibly his limp, the impressions of which in the mud helped Holmes to trace him, may have been due do diabetic neuritis, for he died within seven months.

Since then, with the general use of anti-diphtheritic serum (1896) and with the discovery of insulin (1922), two of these tragedies might have been avoided. And if it is still possible to be killed in a train, such a death is now rare compared with death in a motor accident.

Any medical reader must be struck by the careful descriptions of the appearance and build of some characters, and will notice that the diseases from which they suffered are often found in people of such constitution. For example, there is the excellent account of the mental and physical characteristics of one type of hypochondriac, Thaddeus Sholto: 'A

*'One type of  
hypochondriac...high  
head with a bald, shining  
scalp...his features in a  
perpetual jerk'*

high head with a bald, shining scalp, and yet an impression of youth - his features in a perpetual jerk...He began at once on Watson's arrival - 'Have you your stethoscope? I have grave doubts as to my mitral valve, if you would be so good. The aortic I may rely upon, but I should value your opinion on the mitral.' Watson listened and could find nothing amiss. When they left his

*'a troublesome type of  
patient whom we all  
know only too well'*

house to drive to Norwood he finished his attire by putting on a rabbit-skin cap with hanging lappets which covered his ears. 'My health is somewhat fragile,' he remarked in a thin, high voice, 'I am compelled to be a valetudinarian' (The Sign of Four). A

troublesome type of patient whom we all know only too well.

Or we have the picture of the lady who killed the professor's secretary, who was so short-sighted that she was forced to wear concave glasses of unusual strength - 'with remarkably thick nose, with eyes set close on either side, with a puckered forehead, a peering expression and rounded shoulders, and yet with a long and obstinate chin.' In spite of her somewhat unattractive exterior she showed that she was a woman of high ideals and quick decisions (The Golden Pince-Nez).

Or again, the picture of Mr Henry Baker, whose characteristics were so accurately deduced from his battered black felt hat - 'a large man with a massive head and broad, intelligent face; a touch of red in nose and cheeks

with a slight tremor of his hand,' which recalled Holmes' surmise as to his habits. He spoke in a low staccato fashion, choosing his words with care, and gave the impression of a man of learning who had had ill usage at the hands of fortune (The Blue Carbuncle).

All these are familiar faces at Out-Patients, and we see Watson was interested in the constitutional types that are prone to particular diseases, a study brought to a more formal and scientific status by recent researches (Draper, G., Human Constitution; A Consideration of its Relationship to Disease, Saunders, Philadelphia, 1924). As another illustration there is the picture of James Armitage, alias Trevor, who died from cerebral haemorrhage, probably from the posterior inferior cerebellar artery. On receiving a message about flypapers and hen pheasants, which meant so much to him and so little to everybody else, he began running round the room in little circles, and when laid on the sofa by his son his mouth and eyes were puckered to one, side and a stroke was correctly diagnosed. The paralysis spread, and he barely recovered

consciousness and died about twelve hours later (The Gloria Scott). Six months before he had had a short syncopal attack, and explained it away as due to a weak heart, but almost certainly this must have meant high blood pressure with cerebral angiospasm rather than an ordinary

*'In all stories of this type, murder and sudden death must figure largely...'*

faint, and the suddenness of the attack was stressed. His build bears out this diagnosis - he was a thick-set, burly man, with a brown weather-beaten face and blue eyes keen to the verge of fierceness; he must have been about forty-eight, and had had a hard life in the goldfields of Australia.

In all stories of this type, murder and sudden death must figure largely, and the way in which these are handled gives a good indication of medical knowledge. Watson realised clearly that, where death took place almost at once, it was generally from injury to the heart, eg, William, the coachman, who never spoke again, was shot through the heart (The Reigate Squires); Hilton Cubitt died instantaneously, for the bullet has perforated the heart (The Dancing Men); and Strangerson, who died so quickly that even in Halliday's Private Hotel no one heard a sound, had received a deep stab in the left side, penetrating the heart (The Study in Scarlet).

On the other hand, when Woodley boasted that Carruthers was too late because Violet was now his wife, and received a revolver bullet through his chest with the prompt reply, 'No, she's your widow', Watson was at once able to say that he would live, in spite of his dreadful pallor, because the bullet had

only passed through his lungs (The Solitary Cyclist). In the same way the young secretary had time before he died to murmur, 'The Professor - it was she,' when he was stabbed by the short-sighted lady and received a small, deep wound which divided the carotid artery (The Golden Pince-Nez). Watson himself had been more fortunate when he was wounded in Afghanistan, for the bullet just grazed the subclavian artery (The Study in Scarlet), and after his wound had healed left him with nothing worse than occasional rheumatism.

Watson realised too that apart from the heart, the medullary centres in the brain are most likely to produce rapid, but not such instantaneous death. McCarthy was killed from a heavy blow which shattered the posterior third of the left parietal bone and the left half of the occipital bone, but his son had time to run back 150 yards and hear his mumbled words about Ballarat (The Boscombe Down Mystery). Heidegger, the German master, when his skull was crushed by a savage blow, fell from his bicycle, mounted again and rode some yards before he died (The Priory School). Selden, the Dartmoor convict, when he fell on the rocks flying from the Hound of the Baskervilles, was heard to be moaning before he died from a fractured skull. We do not know how soon the trainer died after his skull was shattered by a kick from his horse, but he must have fallen unconscious at once, for he cut himself with his tenotomy knife as he was falling (Silver Blaze). On the other hand, when Watson found the groom unconscious, but with a terrible cut on head, a glance told him that it had not penetrated the bone, so that he felt justified in hurrying on to try and rescue the 'Solitary Cyclist'.

*'...apart from the heart,  
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the brain are likely to  
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death.'*

In most of these cases enough facts are given for one to say that the results are such as would be expected medically from the previous events, and that Watson had accurate knowledge of these subjects.

Trevor's symptoms before his death are described so fully that one can make a diagnosis of the actual artery that ruptured and produced the fatal cerebral haemorrhage; almost certainly Watson must have witnessed such a case, because the description is more detailed than would be found in most shorter medical text-books.

There are two sudden deaths of special interest, because the circumstances were such as to raise a suspicion of foul play. In one we are told the finding at



the inquest, and the facts described lead to the same conclusion; in the other the symptoms are given in sufficient detail to enable one to make the correct diagnosis.

Captain Morstan and Major Sholto were having a rather heated discussion about the Agra treasure when Morstan, springing from his chair in a paroxysm of anger, with his face a dusky hue, suddenly pressed his hand to his chest and fell backwards and cut his head on a box. Major Sholto found that he was dead, and as they had been quarrelling, even Sholto's own servant assumed that he had killed Morstan with a blow. Morstan had suffered with his heart for some years, and this, with the pain in the chest and the cyanosis, point to a syncopal attack associated with angina pectoris (The Sign of Four.)

Colonel Barclay died under similar circumstances after a quarrel with his wife, and so she was accused of causing his death, but at the inquest the verdict was cerebral haemorrhage, with external injuries resulting from his fall. The converse was illustrated in a well-known murder trial of 1924, famous because of the finding of a knife and some revealing remains in a bag in a railway cloakroom, the defence being that the woman had injured her head on the fender by a fall, but the prosecution successfully maintaining that the injury to the head was the result of a blow (The Trial of Patrick Mahon, Famous Trial Series, Geoffrey Bles, London). In the story, the haemorrhage had followed the sudden shock of seeing an old rival, whom Barclay thought he had murdered twenty years before, at a moment when his blood pressure was already raised by quarrelling with his wife (The Crooked Man).

Both these natural deaths occurred as the result of emotional causes during quarrels. It is a popular, but incorrect, view that many illnesses are due to such external factors. Watson, however, has carefully chosen cases where it was likely to be correct, for excitement of any sort, especially anger, may precipitate an attack of angina or cerebral haemorrhage, whether by raising the blood pressure or otherwise.

**Maurice Campbell**  
OBE DM FRCP

Former Senior Physician  
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## ***Paediatrics***

Paediatrics can come as a shock: your patients have a totally different perspective on most things from the brilliant pink teddy bear they absolutely cannot part with to the strange thing stuck in your ears with a large gong on one end. Paediatrics demands your knowledge of medicine, surgery, embryology, pathology, your adapted examination skills, your careful history taking and most of all, your as yet undiscovered talents as a children's entertainer! It tends to be a little difficult listening for that subtle murmur on a background of 100 decibel screams.

**Essential Paediatrics**, edited by **David Hull & Derek Johnson** (Churchill Livingstone, ISBN 443047820 £21.50) is one of market leaders when it comes to texts for paediatrics. The question is, does this book (the newly updated 3<sup>rd</sup> edition) cover what you will see on the wards?

Presentation and content: 300 pages of pretty much everything you will come across during student paediatrics and more. Each of the different systems is discussed and this makes up the core of the book; an introduction is made up of chapters on examination, clerking and general themes in paediatrics. Other topics range from social paediatrics, com-

munity care and genetics to behaviour and learning. Nutrition, development, growth and growth charts are dealt with as well. For general paediatrics **Essential Paediatrics** is very good: disease of all the major systems is covered with details of signs, symptoms and presentation along with relevant investigation and procedures. Management and differential diagnoses are sometimes not clear.

The way the book is written means that it is more of a reference than one all mighty cover to cover read. The style may seem long winded but this very comprehensive. Even the most obscure conditions seen at Guy's are mentioned somewhere!

Illustrations are everywhere; some colour photographs and reproductions of X-rays and scans are included. Unfortunately many of the diagrams are quite small and all are in that monotonous two tone beige so (un)popular in textbooks! Larger, simple colour diagrams would help. The book would be enhanced by the addition of end of chapter summary and also major points covered display boxes next to the text, as seen in other major textbooks.

**Richard Littlewood**

## Ophthalmology

Ever been asked, 'Please examine the fundus on the left side, and describe any abnormality you see'? Do you, armed with an antique ophthalmoscope, probably used by Guy himself, see a host of spots that look more like freckles than any pathology and a dark area that looks more like the nostril than the optic disc?

No doubt your favourite consultant ophthalmologist could stare in your eyes and diagnose anything from a craniopharyngioma to a case of too much time spent in the bar! You, on the other hand, are probably more worried about an embarrassing clash of noses than the intricacies of diagnosis. Maybe you could ease your way through the traditional ophthal-holiday with help from this book, originally entitled '**Ophthalmology**', written by **Hector Bryson Chawla** (Churchill Livingstone, ISBN 443047669 £14.95).

This book is well presented and covers a range of topics important for the student ophthalmologist. It is a conveniently sized book, in full colour with text large enough not to give you eye problems!

You are expected to understand (and therefore revise?) basic anatomy and physiology of the eye. The first few chapters cover this and make for a good introduction. A common stumbling block for many is exami-

nation technique. Examination from general gross signs to fundoscopy is described clearly and in detail.

The important pathology of the eye is considered with individual chapters set aside for each major condition. Colour photographs are given for practically all of the conditions - it seems a bit ridiculous to rely on black and white illustration when colour is so important in diagnosis. Clear pictures of the retina are shown for many conditions. Look out for your string of sausages!

Major conditions from diabetic eye disease, glaucoma, squint, trauma to red eye and cataract are covered some in detail in excess of a student's requirements. Issues such as AIDS presentation and effects of neurological lesions on the eye are also present. The book is concluded with a good guide on what to expect in exams and a useful glossary and index.

An easy to read guide with excellent pictures and emphasis on the practical as well as the theoretical.

**Richard Littlewood**

## ***Are you complaining enough?***

Nurses are often at the sharp end when it comes to complaints. The Patient's Charter provides a focus: though the Tower Hamlet's Branch of the Royal College of Nursing submitted a motion at Congress to the effect that the Charter had 'not made any significant contribution towards improved patient care.' But throughout our Trust - though it started at Guy's - there are boxes for patients, clients and others to put their comments in writing about our service in the form of 'Let Us Know' cards. This was largely instigated by nursing administration, who, in the absence of duties directly affecting the administration of the nursing service (which has been devolved to managers, who are not always nurses by training, and if they are, are not directly employed as nurses), find themselves responsible for 'quality'. Quantity is now more important, in reality, and directed by those whose knowledge of book-keeping is greater than that of providing care and comfort for patients. However, there is a positive side to the 'Let Us

Know' cards, in so far that patients and friends are invited not only to complain, but to suggest improvements, and in many instances, as I am personally aware, pour eulogies upon the poor hardworking staff.

Now the Government, with Mrs Bottomley's wholehearted support, has stepped in and published a Review of complaints procedures under the title *Being Heard*. Poignantly, it quotes Northumberland Community Health Council: 'all too often a failure or unwillingness to say 'sorry' at an early stage is the reason for complaints proceeding further through the system than is really necessary or appropriate.' Though it should be noted, as this review added: 'an apology, however gracious, without answers of follow-up action and information, is not going to be sufficient response to the most serious complaints, and can too easily be used as an attempt to get everyone off the hook'.

This Review was chaired by Alan Wilson, who, in addition to his post as Vice Chancellor of Leeds University, is also Professor of Urban Geography there. His knowledge of traffic hold ups may have been considered useful when it comes to solving NHS waiting. Perhaps he invented the 'cones hot-line' under the Citizens' Charter imprimatur which you may notice when you are next snarled up on the M4! Another member of this



Review was the ubiquitous Rabbi Julia Neuberger. I wonder why certain members of the chattering classes turn up so frequently - is there really such a shortage of suitable folk to sit on committees - are those selected chosen because they are known and safe, or is their boredom threshold simply that low it can withstand extensive bum-numbing activities?

Comparison was sought with such as British Gas and other countries ranging from Japan to Portugal. There is no formal national system from patients' complaints in Japan.

Our own 'Let Us Know' cards have proved, and the Review finds; 'complaints can be used positively to improve services...this is now part of the conventional wisdom of quality management within the NHS and elsewhere'. And, 'a complaint may - at least partially - be an end in itself....the expression of a complaint can provide an outlet for feelings of dissatisfaction, frustration, anger or grief.'

Of course, it is often only the articulate who take to pen and paper, and sometimes even then are frightened to identify themselves for fear of some form of retribution. On the opposite side of the coin, it has not been unknown for patients to give presents to nurses in hope of special treatment or favours.

One must always be aware that there will never come a time when a

large organisation, like the NHS, is free from complaint; not least because many health problems present situations with unknown outcomes. One of the ideas behind our 'Let Us Know' scheme - brainchild of Wilma MacPherson and Andrew McCallum - was taken on board, to coin a popular phrase, by the RCN: 'complaints provide invaluable management information about the quality of services from the perspective of service users and their families and friends. They can identify problems and sometimes suggest solutions.'

The Trust has recently issued a card informing staff how to deal with complaints: the Review points out the need for patients to know 'how to complain'. There is, in terms of staff procedure, a clear need to distinguish between 'complaints' and 'discipline'. Complaints may be frivolous; discipline should always deal with serious matters.

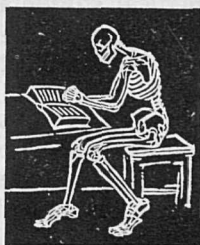
There has been a steady growth in complaints about hospitals between 1982 and 1992, and while at the end of the road there is the Health Service Ombudsman who can provide independent adjudication when all other paths have failed to reach a decision, there is also enshrined in the Nurses' Code, of being an advocate for patients. Indeed Altnagelvin Hospital, Londonderry has appointed a Patients' Advocate. I am sure this, plus empowering patients, as pointed towards in the Patient's Charter, is all a

good thing, illustrated by Venn diagrams for proposals in coping with complaints - but don't staff have a grouse or two?

Since these don't usually get a mention in the same breath as patient's moans, may I, trying not to mellow too much, as I understand one reader of this column believes I have, put my oar in? Recently there have been a series of rail strikes which have affected Guy's staff more severely than most other London hospitals; they tend to live in SE London, where there are no tube lines offering alternatives. While

banks provide free coaches, and some accommodation for key staff, what does the Trust do? Thank us. But there is a sting in the tail. Time lost may have to be made up, or taken as leave. We are offered a bed for the night, not in a hotel, but in the Nurses' Home for £10, or charged £2 for parking our car, if we are foolhardy enough to try and drive in! One can realise that banks, whose business is money, prize their staff more highly than the hospital, whose business is patients. So much for quality - quantity rules again.

Denis Cobell



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**SKELTON  
BOOKS**

## **Guy Blackburn**

### **MBE MCL FRCS**

The death of Guy Blackburn deprives us of yet another of the remaining few surgeons from a bygone era. Having said this, however, Guy was remarkably modern in his approach to many problems in teaching and surgery and in particular, his attitude that the 'customer was always right'. Guy Blackburn was born on November 20th, 1911, at Harrogate, the son of a General Practitioner, and was educated at Rugby School. There he developed an interest in sport and tennis in particular, at which he became an extremely competent player. He undertook a Natural Tripos course at Clare College, Cambridge, obtaining a first class honours, and then undertook his clinical studies at St Bartholomew's Hospital, qualifying in 1937. Two years later he passed the FRCS and was Chief Assistant in Surgery at Bart's until the outbreak of war.

He obtained his mastership of surgery at Cambridge in 1941 and then joined the RAMC for the remainder of the war, leaving as Lieutenant-Colonel in 1946. During this time he practised war surgery in North Af-

rica, Sicily, Italy and eventually Austria, being in command of a field surgical unit. He was made an MBE in 1944. It was during his war experience that he became an ardent admirer of Winston Churchill, meeting him in North Africa and eventually conversing with him over dinner at Chartwell. He was appointed to the staff of Guy's Hospital in 1947, as well as having appointments at Putney, Finchley Memorial and St. Andrew's, Dollis Hill Hospitals.

He maintained his association with the Army after the war, being an Honorary Consulting Surgeon, and, along with Major General Norman Kirby, wrote in 1981 'The Field Surgery Pocket Book', which became widely used during the Falklands & Gulf wars. Many medical students from the 1960's will remember the 'Textbook of Surgery' which Guy, along with Rex Lawrie, edited and had published in 1958. It was very much a Guy's Hospital production.

Guy Blackburn was a true general surgeon but developed an almost passionate interest in thyroid surgery, which he performed most expeditiously in an almost bloodless field. He wrote extensively on the subject and presented his views at international meetings. From the students' point of view, he was the perfect lecturer, clear, concise, witty and knowledgeable. His lunch-time Clinical Lectures at Guy's Hospital was always packed and he had that ebull-

lient personality and infectious enthusiasm that held students' attention. He was a strong personality who held definite views but was very supportive and understanding to his juniors, particularly in the development of their careers. With his support many doors could be opened.

He was very sociable and gregarious, enjoying all aspects of life, participating in sport when younger and taking a particular interest in horse racing, about which he was very well informed. He travelled widely, visiting centres of excellence throughout the world and developed particular friendships with Oschner and Cattel in the United States. He continued to keep himself up to date in surgical developments almost to the end, and a visit to him was bound to contain a quizzing on some recent development that he had read about.

Guy very much enjoyed teaching and examining. He was on the court of Examiners of the RCS and examined for the Mastership at Cambridge. He narrowly missed being elected onto the Council of the College of Surgeons but for many years was on the Court of Assistants of the Society of Apothecaries of London and was elected its Master in 1980. He was President of the Association of Surgeons of Great Britain and Ireland in 1976, when a memorable meeting of the Association was held at Guy's Hospital

Guy Blackburn was an ideal subject for the Residents' Plays, appearing frequently, and many of us will remember the rendering of 'Bye, Bye Blackbird' the year that he retired. These occasions are used for a bit of ribald fun at the expense of the Consultants, but in Guy's case were always tinged with affection.

After Guy retired he continued to maintain an interest in the hospital, visiting frequently. It was only in the last two years or so that progressive Parkinson's disease severely limited his physical activities but his mind remained clear until the end. His wife Joan, who had been an Assistant Matron at Guy's, nursed him through his final illness at home, supported by their daughter, Ann. It was an illness courageously borne, and nursed with great love and understanding.

#### **Addition to obituary**

Another aspect to Guy Blackburn's life was his interest in racing. This started whilst a student at Cambridge as Newmarket was conveniently adjacent and he remained a follower of the turf for the rest of his life. He was particularly fond of 'headquarters' at Newmarket as well as Newbury, Longchamps (for the 'Arc') and at Ascot, where he could usually be seen in the Iron Stand. It was at the latter racecourse where he distinguished himself on one occasion by winning the jackpot, much to the delight of his friends. He was a great admirer of Alistair Cooke and on a



Monday morning would not leave his car to start the day's work until 'Letter from America' was finished. When Guy was President of the Medical Society of London, Alistair Cooke was unable to join him as chief guest at the annual dinner but did so later at a private dinner with friends at the Garrick, which was a memorable evening. He was indeed a most generous host, tremendous fun and if

you were his friend there was nothing he would not do for you. He was a man who was given to acts of extreme magnanimity; for example, during the war he once gave a pint of his blood to a soldier upon whom he was operating as there was none available from other sources. At Guy's he was a wonderful teacher, a surgeon in the old style - dedicated to his parents - and a real personality.

GWS



*Guy Blackburn 1911-1994*

## MURIEL M THEISEN

It is a noticeable feature of the history of Guy's Hospital that there have always been outstanding characters that have endeared themselves (or otherwise - but they could not be ignored!), to all who have been their colleagues or who have known them. I am sure you are able to remember such personalities whether medical, secretarial, domestic or works department - the list is endless - that makes up the amazing family that is Guy's. It is my especial privilege to write about one such a character who sadly is no longer with us. Muriel Theisen, better known as 'Thei', died on 9th July 1994 after a very private and hard fought battle with cancer. Thei did not submit to her fate easily and although she was no longer able to come to the Nurses' League office each week as she had done since 1978, she kept her finger on all that needed to be done either by 'phone or letter as well as a few personal visits when brought by her niece.

Before starting her nursing career Thei worked in the family business and also as a secretary in a firm in the City. She came to Guy's in 1942 and completed her general training in

1946. She did her Part I Midwifery at Queen Charlotte's and then went on to do her Health Visiting Certificate. She also obtained her Diploma in Nursing. She worked as a Health Visitor in the borough of Croydon where she began to perfect her skills in dealing with families in the community. In 1958 she was able to return to Guy's where she became part of the Health Visitor team in Salomons Centre under the wise guidance of Miss Lilian Combe who was the Superintendent Health Visitor until she retired in 1961. The Health Visitors who worked in the Salomons Centre Infant Welfare Clinic were under the Local Authority although they enjoyed the advantages of physically being attached to Guy's with ready access to the Medical staff and the various departments of the Hospital. Following the departure of Miss Comb's successor, Miss Theisen became the senior Health Visitor in charge, a position she maintained until her retirement in 1978. During her years of service to the families living around the hospital which was her sphere of activity, she became what can only be described as a 'legend'. This is an overworked and a rather journalistic way of trying to convey the outstanding impact she made on those families who relied on her kindness, patience, unique knowledge and expertise in dealing with all their many problems and ailments. She was the only Health visitor I ever met

who worked from 8.00 am to 7.00 pm. During this time I had the privilege of collaborating with her as a colleague because I was the Midwifery Superintendent and my office was in Salomons Centre.

Every day there was a constant stream of mothers with babies and/or toddlers asking for 'Miss Theisen' who always dealt with them or if she was out visiting, her faithful band of like-minded Health Visitors coped with the problem. The only difficulties arose when she had actually gone home to Coulsdon and I had to try and act as substitute. My solution usually was to ring her at home and ask for advice. I think the majority of people in the hospital knew her and especially all the paediatricians - Dr Ronnie MacKeith, Dr Philip Benson, Dr Martin Bax, Dr Cyril Chantler, Dr Egan - to name but a few. All the out-patient clinics were familiar with Thei bringing various, reluctant children particularly those with squints and other eye problems to the eye clinics. Her work with the numerous problem families who were housed in Chaucer House and other notorious flats classed as Part III accommodation, was endless and as most of the females were pregnant, they became the problem of the Midwifery Department too.

In the midst of all this activity we found time for a great deal of fun as Thei had a wonderful sense of humour and the seriousness of the vari-

ous situations did have their lighter moments. We used to hold jumble sales on Saturdays as we collected large amounts of clothing from different sources and which was stored in our basement. The 'Borough' used to crowd in and disappear with vast bags unless we placed ourselves strategically at the door with open hand for the modest payment we asked for the booty. The money thus collected was kept in the locked drawer of my desk and known as 'jumble money'. It was then duly dispensed by Thei for the numerous pressing needs of those families whose weekly pay packets seem to vanish by Monday morning having been used to assuage the thirst of the adult members of these families over the weekend!

After her 'retirement' in 1978 Muriel Theisen used to help in St Saviour's School in Union Street. She assisted those children who had reading difficulties. Many of these children were escorted to various out-patient clinics as she seldom failed to observe a medical problem which needed remedial treatment. For many years she also supervised a hostel in Clapham which gave shelter to various elderly females and was tireless in resolving their problems and sorting out their ailments.

The Nurses' League was most fortunate in having Thei as assistant Honorary Secretary since 1978 and she made my work as Honorary Secretary extremely easy as she was al-

ways there as a willing helper, endlessly writing wonderful letters to members, organising out-patient appointments for members wishing to be treated at Guy's and visiting when they became patients, as well as doing conducted tours of the hospital for the set reunions. Thanks to her, the register of members was kept up to date and she was the first to remind us all of the various events of the League year from the AGM to the mailing of the Journals.

Thei still remembered her old 'families' from Salomons Centre days for she could never go out into the Borough without meeting someone who was able to tell her of the progress of the erstwhile children to whom she had given the various 'jabs'. She always knew their names and the details of their lives were stored in her encyclopaedic memory. Thei's interests were catholic in their wide rang-

ing variety - literature (we had great fun quoting poetry to each other), music, gregorian chant (she belonged to a choir at one period), theatre, politics, the financial market, cooking, sewing - you name it, she could talk about it! She was a much beloved sister, aunt and great-aunt and delighted in recounting anecdotes of the latest great nephews.

She was a wonderful personal friend to me and to my family and we all have very happy and lasting memories of Thei at the festival Hall, the Albert Hall, Glyndebourne, Haslemere Music Festival - to name but a few places we enjoyed together. She was unique and takes her place amongst all the Guy's notables who have enriched our lives during the too short a time we have been privileged to know them.

**Barbara Stevenson**



## ***Rugby: 2nd XV***

### **Guy's 2nd XV v Dartfordians. Won 29-25**

And so the Club came to the last game of the season, though the 150th Tour was still to come. As might be expected, I suppose, since Easter had gone and it was out of turn, a side unrecognisable as Guy's 1st XV turned up to play, with a sprinkling of 1st XV members, a sprinkling of 2nds and a few odds including James Coombes back from overseas and practising the calls in German. Guy's wisely were out early on the pitch, to introduce themselves and work out some of the moves. Unfortunately, the side Guy's had put together included nobody above 6' 2" and it was clear that we were going to have difficulty winning the ball from the lineout.

And so it proved - all the early lineouts went Dartfordians' way, but an interception led not to a try but to a penalty converted by Matt Rose to put Guy's 3-0 ahead. A disconcerting amount of possession was going to the Dartfordian side in the absence of so many first team regulars, but after a short delay, while Breeze negotiated the nettles in retrieving a ball, Ugo intercepted and raced over in the corner for a try which was expertly converted by Gush - 10 - 0. The match continued to revolve around posses-

sion for Dartfordians and defence for Guy's, and eventually the pressure told and, after a short penalty, the Dartfordian second row crashed over for a converted try near the posts - 10-7.

The second half was characterised by a terrific tackle by Ugo on the opposing Full Back as he was about to score under the posts, but also by a lack of ball retention by the Guy's side. It was evident that there was little point in kicking for touch, but in an attempt to fly the ball around, possession was frequently lost. Eventually, however, the ball was won on the Guy's side, and Rose galloped through to Ugo away for his second try, skilfully converted again by Gush - 17-7. A curious episode then ensued when a 5 yard penalty was taken three times. The first time Guy's defended stoutly and a Dartfordians' player was injured, but the referee wanted it taken again. The second time Dartfordians lost it. The third time they scored to make the score 17 - 14. In spite of the rain, Guy's were playing an exciting running game and after the ball had passed through fifteen pairs of hands, Guy's were playing an exciting running game and after the ball had passed through fifteen pairs of hands, Matchell scored under the posts to make the score 22 - 14. Dartfordians immediately came back to score again after a penalty had been awarded against Guy's hooker for

being hit in the face by the Dartfordian second row, to bring the score to 22 - 1. Guy's fourth try took this to 29 points, and a penalty to Dartfordians 29 - 25. It was certainly an exciting match with some frantic moments to leave the score 29 to Guy's, 25 to Dartfordians. The second XV therefore take their tally up to 993 points for the season, and no doubt will arrange one further game to see if the magical thousand can be reached for the first time for many years.

SJC

### **Guy's 2nd XV Past vs Present. Draw 46-46.**

The Past versus Present fixtures are always hard fought matches, providing a rare opportunity for members of the club to compete against each other in a competitive match. This year saw a past side with a heavier pack against the present, their strength lying behind the pack. This resulted in an entertaining fixture, with two differing styles of play:- the Present running the ball at every opportunity, often from deep within their own half; the Past using their larger pack to gain territorial advantage, supported by accurate touch-kicking from their fly-half, Koffman.

The past took an early lead:- Clewly taking advantage of a loose

ball from a Present scrummage under increasing pressure. The Present were not long in drawing level, Smith scoring from within his own half. The match continued at a brisk pace, despite a hot day, with both Hogan (Past) and Smith (Present) going close to scoring.

Further scores were completed by both sides, the Present entering half-time with a five point lead.

Early in the second half, the Present extended their lead to twelve points by a Lewis try. The Past responded by coming back strongly, particularly in the scrum where they were making their size and experience count. Koffman converted the pressure into points with a dropped goal, which was swiftly followed with a Hogan try (his first five point try, adding to his collection of three and four point tries.)

The increasing pressure on the Present was temporarily relieved by two Williams tries to take him into a well-deserved hat-trick. Scores continued to be exchanged (including a Past pushover try) until with only a minute left to play the Present lead 46-41. The Past took advantage of a wheeling scrum on the Presents five metre line to level the scores with a backrow move. A difficult conversion was subsequently missed to leave the two sides sharing the honours with a well-deserved draw.

### ***Dr Edgar Sowton***

A service of Thanksgiving for the life of Dr Edgar Sowton, Consultant Cardiologist to Guy's Hospital will be held in the Guy's Hospital Chapel, St Thomas St, SE1, on Friday 25th November at noon.

### ***Stamp Memorial Lecture***

University of London: The Stamp Memorial Lecture entitled 'How to contain Health Care Costs: An International Dilemma' will be given by Professor Brian Abel-Smith PhD, MD (Hon Causa), (Emeritus Professor of Social Administration) at the University of London, Senate House, Malet St., London WC1E 7HU, at 6.00 pm on Tuesday 15 November 1994. Admission free, without ticket.

### ***Save Guy's Campaign***

A fund raising concert in Honour of Thomas Guy and Guy's Hospital will be held at Southwark Cathedral, at 7.30 pm, Wednesday 9th November 1994.

Further details from:

Gay Ogg  
Save Guy's Campaign Office  
8 London Bridge St  
London SE1 9SH  
Tel 071 357 9260





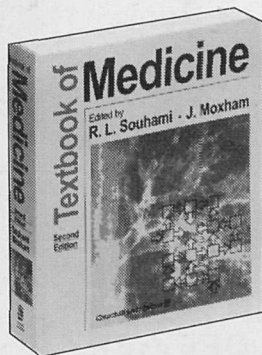


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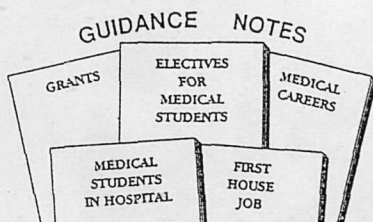
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## October 1994

- Campaign Update
- An interview with Dr. Rees
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## Guy's Gazette

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The opinions expressed are those of the authors and do not necessarily represent the views of the Hospital.

Volume 108 Number 2442 October 1994  
ISSN 0017-5870

Guy's Gazette, Boland House, Guy's Hospital, London SE1 9RT.  
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Printed by Hobbs the Printers of Southampton

## Passim

The year begins to draw to a close but it is not an end but a beginning as the fight for retaining services at Guy's begins to heat up. A recent visit to the Save Guy's Campaign office left one with renewed conviction. There is a jovial atmosphere in the office that conceals far more serious issues. The Trust has published its strategy for Guy's and St Thomas' and the Campaign's response to this should have been launched by the time this issue is in circulation or will be in the near future.

The public consultation period is now in full swing. There are many interested parties involved in the Save Guy's Campaign and now is the time to stand up and be counted. Students and staff working at Guy's, both need to be aware of what is going on at Guy's and the crucial period that we are facing together.

Alternative, well thought out and researched options have been put forward. The powers that make decisions about the future of Guy's are made aware of these options by the good work being done in the Save Guy's Campaign. Sometimes Government action unfortunately does not rely on common sense and logic. There needs to be that added something, that magic ingredient called public opinion and support. Now more than ever, lobbying you MP and signing petition forms are essential. At the time of writing the passim to number of signatures collected stands at 910,000. This is a remarkable testament to the efforts made by countless individuals.

If you thought about getting involved in the fight for Guy's but were unsure as to the effectiveness of you as one single individual remember those 910,000 signatures. People such as yourself are important to the campaign and your help is much welcomed. Guy's has a long and great history and it now calls upon all those who have been touched by its magic to lend a helping hand.

## Guy's Nurses League

*Letter to Virginia Bottomley from  
Guy's Hospital Nurses League.*

Dear Secretary of State,

I write to you as President of the Guy's Hospital Past & Present Nurses' League and in accordance with the wishes of the Members assembled at our Annual General Meeting on 11th May 1994. I am certain that the views expressed at this packed meeting may be taken as representing the opinion of our 3000 members spread across the country and in many locations outside it.

At the meeting your 'strategic direction' of 10th February 1994 was outlined by a senior member of the Guy's consultant staff who went on to answer the many questions from the floor. Your proposal that the Accident & Emergency services and inpatient services at Guy's should be closed was greeted with what I can only describe as dismay and incredulity.

The points that most disturbed the members present may be summarised as follows:-

1. That your proposals would deprive not only the local population of the services for which Thomas Guy founded his Hospital in 1725 but also a very great number, particularly in the South East of England, of the

highly specialised services since developed on a site which is uniquely accessible.

2. That the emasculation of a world famous hospital providing facilities for its equally famous medical, dental and nursing schools could ever be justified by the considerations put together on the false premise that South-East London has more beds than its population needs.

3. That your proposals would represent a betrayal of the trust shown in Guy's by the very many great and small benefactors of the hospital and schools over the years and particularly in recent times by Sir Philip Harris. It was recalled that you had laid the foundation stone of this uniquely important new building on the Guy's site named after him and that the Prime Minister had unveiled a plaque there also. It mystifies us that what has been described as 'the Flagship' among the hospital trusts should now be earmarked for scuttling.

4. That the famous paediatric service at Guy's developed over many years to provide a range of advanced specialist facilities such as those now operating in Ronald McDonald House should be threatened. Paediatric services at St Thomas' Hospital are in no way comparable and to translocate this extremely important and in many ways a unique department to another site where such ac-



commodation does not exist seems both illogical and perverse.

I ask you, please, to think again about the likely consequences of your present plan for Guy's Hospital. I held senior nursing posts at Guy's for many years and came to understand that which made Guy's great was, above all else, the spirit and devotion of very many generations of Guy's doctors, dentists, nurses, medical ancillaries of all sorts, voluntary workers of many kinds, works department staff -- a large number of these -- and of course, past and present patients.

The morale of all such sections of the Guy's family is now threatened. That Guy's as it has grown and prospered over 269 years should be reduced to a secondary and relatively unimportant role is unthinkable.

You purport to be 'the listening party', therefore will you please give these considerations your personal attention and favour us with your personal reply.

Yours faithfully,

**Mrs Betty M. Herbert**  
President

Guy's Hospital Past & Present  
Nurses' League.

## Trevor Clay

Dear Sir,

I am writing to thank Denis Cobell for his excellent note on Trevor Clay. I first met Trevor when I went to Camden and Islington AHA(I) as AMO in 1979. He was the AMO and Chairman of the Area Team of Officers. He was most helpful to me in taking up my post. He gave very wise leadership when we were facing the first of the Thatcher cuts. He left after a few months to join the RCN staff, and was followed by Christine Hancock for whom I have an equally high regard, both professionally and personally.

I last met Trevor in the waiting room of the Private Rooms of the Brompton. He told me that he was awaiting a transplant: I could hardly believe he was so ill, he carried his disability so lightly.

It is a great loss that so able a man was lost to Nursing and to the NHS so early.

Again, many thanks for your note.  
Yours faithfully,

**Huw Francis**

## ***Board Approves Trust Strategy***

At its meeting on 6th October the Trust Board unanimously agreed the following resolutions:

1) That the Trust's strategy for developing as London's leading University Hospital will comprise:

- the development of St Thomas' as the Trust's main acute hospital site;
- the development at Guy's of a major centre for planned care which will include an Ambulatory Care Centre, an elective surgical centre and the Dental Hospital.

2) That the Trust supports the development on the Guy's site of an academic and research centre which would bring together the departments of Life Sciences and Basic Medical Sciences of King's College London with the pre-clinical departments of UMDS and the Nightingale Institute of Nursing.

3) The public consultation should proceed as rapidly as possible in order to secure a clear way forward for the Trust.

This plan will allow the Trust together with King's College London and UMDS to reshape radically the services it provides and develop a University Hospital for the 21st century.

The plan envisages a pioneering role for Guy's in the development of new ways of delivering ambulatory and elective surgical care. The ambulatory care centre, based in the new

Phase III development, will provide state of the art outpatient, day investigation and day surgery, together with inpatient surgical facilities for elective orthopaedics and general surgery. This will provide a major centre for planned care. Also based at Guy's will be a minor injuries unit, the Dental Hospital and School and both inpatient and outpatient mental health services.

The Trust will centralise at St Thomas's its acute and specialist services, with the Trust's A&E Department and about 1000 inpatient beds.

With the Trust's Board's unanimous approval of this plan, the way is now clear for public consultation to proceed. The consultation will begin in November, it will last for three months and will be run by Lambeth, Southwark and Lewisham Health Commission. Following this period, final decisions will be made by the Secretary of State for Health.

## ***Policy on Education***

Doctors advising the EU commission have drawn up a charter on continuing medical education.

The statement of policy compiled by the European Union of Medical Specialists calls for member states to be free to devise their own schemes. It was drafted after a survey revealed widespread variation in the way CME was controlled and organised.

The charter says CME should be a national rather than an EU responsibility. It should consist of schemes controlled by the profession in which doctors collect credit points and participation should be voluntary. Vice-president Dr Cees Leibbrandt said: 'I believe it will be necessary in the future for it to be compulsory, but now it is not possible to get a consensus.'

'We have to get a framework for CME in place into which compulsion can be introduced later at individual states' discretion.'

The survey of 500 specialty associations in 17 European countries found:

- Only seven per cent said doctors were obliged to take part in CME programmes;
- Only five per cent said their programmes were based on collecting credit points;
- Tax allowances were allowed in 57 per cent of cases;
- The profession had control of continuing medical education in 61 per cent of cases.

**Hospital Doctor, 29 Sept 94**

## ***Guy's keeps inpatients***

Guy's Hospital is retaining some inpatient beds after the Trust Board agreed to water down proposals to turn it into a teaching-only campus.

The latest plans, backed by the board of the combined Guy's and St Thomas' Trust, attempt to make fuller use of Philip Harris House, a £140m charity-financed research and treatment wing.

It became the centre of a political controversy earlier this year when trustees for carpet magnate Sir Philip Harris threatened to withhold payment because of the original proposals.

The new plans involve streamlining the Trust's renal services in Philip Harris House.

Elective orthopaedic and general surgery would also remain at Guy's, along with the head and neck unit, which will complement its Dental Hospital and School.

But the toned-down plans do not find favour with the Save Guy's Campaign, whose counter-proposals are due to be published shortly.

**Hospital Doctor**  
20 October 1994

## ***A Permanent Exhibition***

*A History of the Care of Children at Guy's Hospital.*

*The Evelina Hospital for sick children.*

This permanent Exhibition, housed within the Museum and Old Operating Theatre in the Garret of St Thomas' Church, St Thomas's Street, Southwark was opened by Lord McColl in April 1994.

The idea and recording a brief history was not new, but perhaps the merging of Guy's and St Thomas' under one Trust gave extra impetus to create an Exhibition, and what better location than the original site of the Operating Theatre of St Thomas' Hospital.

Kevin Flude, the Museum Director welcomed the project, and together with the support of the Museum Trustees, and the Guy's Evelina Children's Hospital Appeal Committee, Michael Joseph and Peter Joseph, Sylvia Sutton and Paul Herbert (Associated Director) set to work in late 1993.

The Exhibition traces the care of children in Guy's and the Evelina Hospitals from the 19th century to their merging in the Tower in 1976, and subsequently. This provided a great opportunity to combine the advantages of a Children's Hospital with the developing specialist Paediatric services of Guy's. The result has been to create a Children's Hospital

within a Hospital, delivering a service both to the local community of Southwark, and to many other children in the South East, and further afield. Their needs are met by the highly specialised resources of Guy's and it's Medical and Dental Schools, and by the Paediatric Research Units.

The Exhibition centres around a tableau which commemorates the visit in 1890 by the Prince and Princess of Wales to the Evelina Hospital and includes Baron Ferdinand de Rothschild (Founder of the Evelina) and Miss Alice Cross, the Nursing Superintendent who had served twenty-four years at the Evelina.

It is believed that this permanent Exhibition will enhance the value and interest already established by the Museum and the Old Operating Theatre. It will also broaden its appeal to school museum, for whom, through their teachers, an information pack has been available for sometime.

The Exhibition and Museum are now open Tuesdays to Sundays 10 - 4pm. We hope you will enjoy a visit.

Thanks are due to the Evelina Children's Hospital Appeal for their support and Mr Alan Smith of Hillgate Plc for his generous sponsorship.

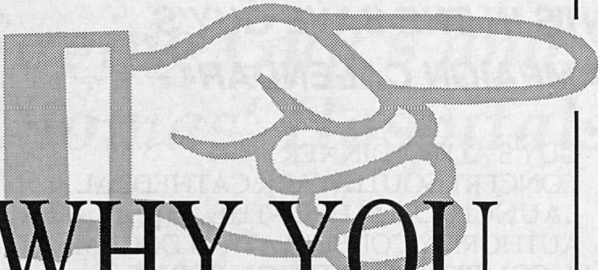
**Dr Michael Joseph  
Mr Peter Joseph  
Mrs Sylvia Sutton**





'The Prince and Princess of Wales at the Evelina Hospital for Sick Children 1890'

# Medical STUDENTS



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## **EVENTS IN THE SAVE GUY'S CAMPAIGN CALENDAR**

**NOVEMBER 4TH** "GUY'S ALIVE" DINNER  
**9TH** CONCERT-SOUTHWARK CATHEDRAL  
**14TH** LAUNCH OF LLHSC -THE LOCAL HEALTH  
 AUTHORITY CONSULTATION DOCUMENT.

**PLEASE SEND IN ALL COMPLETED PETITION FORMS  
 BY THE END OF NOVEMBER**

**DECEMBER** CHRISTMAS CAROL COLLECTIONS AND  
 PRESENTATION OF THE PETITIONS (now stand-  
 ing at **910,000 signatures**. South London Press have printed the petition  
 forms.)

**FEBRUARY** LAST MONTH OF CONSULTATION

From this November until February, the local Health Commission cover-  
 ing Guy's Hospital will be consulting on the future of Guy's. If you or your  
 family and friends have ever used Guy's, or know anybody who has, and  
 believe the Guy's is worth keeping as one of Britain's best hospitals, then  
 write and say so to:

**Ian Mills**  
*Chairman*  
 LLHSC  
 1 Lower Marsh  
 London SE1

**Virginia Bottomley**  
*Secretary of State*  
 Department of Health  
 Richmond House  
 London SW1A 2NS

**Lord Hayhoe**  
*Chairman*  
 Guy's hospital  
 St Thomas' Street  
 London SE1 9RT

**FOR FURTHER INFORMATION CALL:**  
**THE SAVE GUY'S CAMPAIGN OFFICE** 071-357 9260  
**THE S.I.C.K. CAMPAIGN OFFICE** 071-237 9000

# *Saving Guy's and St Thomas' Hospitals*

## *Campaign Update*

**I**t is now clear that the original proposals for the Guy's site being worked up by the Chessells committee set up by the Secretary of State have run into trouble. At short notice it has now been confirmed that a new modification of what was called Option 5c is being worked up by the Trust. This clearly accepts that there is insufficient space at St Thomas' for all that was originally envisaged to go there, and that there is a need to have in-patient facilities in Philip Harris House. These two conclusions are welcome, but many of the other implications of the modified Option 5c remain completely unacceptable because of, amongst other things, the loss of an A&E department at Guy's.

As you know, following Mrs Bottomley's announcement, a campaign organisation was established, led by representatives of all the groups associated with Guy's Hospital and the local community and supported by all three political parties.

Our costed and feasible proposals for keeping both St Thomas' and Guy's Hospitals open will be published by the 'Save Guy's Campaign' next month. We expect our proposals to win widespread public support, and provide a viable future for both these major teaching hospitals.

The key elements of the 'Save Guy's Campaign' proposals are likely to include:

- Keeping Accident and Emergency Departments at both Guy's and St Thomas'.
- Keeping in-patient services at both hospitals.
- Protecting world-famous specialist services at both hospitals.
- Ensuring access for local people, as well as those who come to the hospitals from other parts of the country.
- Regrouping services to cut out duplication where this is clinically in the interest of patients.
- Combining King's College School of Medicine and Dentistry (KCSMD) and UMDS



- Using Sir Philip Harris House, built with £40 million charitable donations and costing over £140 million, for the purposes for which it was intended.
- A reasoned rejection of the Trust's financial and staffing assumptions.

To help us put together our own proposals, the 'Save Guy's Campaign' commissioned management consultants KPMG to carry out a study of alternative two site options for the Guy's and St Thomas' NHS Trust. This study was conducted within what the 'Save Guy's Campaign' considers to be the contentious financial framework set by the Trust. The study is independent of the 'Save Guy's Campaign' and its constituent organisations, which include community and patient groups and representatives of employees at the hospital.

KPMG's brief was to develop options which would provide a two site option with the Trust's financial framework:

- Better use of good accommodation.
- Better access to services for all sections of the population.
- Integration of pre-clinical Kings college/United Medical Schools and King's College London Life Sciences.
- Greater flexibility to respond to future service developments.
- Lower capital costs and therefore capital charges.
- Greater service efficiency by avoiding duplication where clinically acceptable.

KPMG consulted widely in drawing up their report. They have spoken to

*KPMG's brief was to develop a two site option... ..they have access to the most detailed information about both hospitals and the local community.*

representatives of the local community and patients' groups, clinical and management staff at both Guy's and St Thomas', representatives from the academic institutions involved, and staff at health authorities which

buy services from the Trust. Thus they have had access to the most detailed information about both the hospitals and the local community. They have drawn on their experience and expertise in health service development throughout the country. Factors they have taken into account have included:

- The different expert reports on the future of hospital services in London, including those by Professor Jarman and the King's Fund.
- Clinical requirements surrounding the co-location of services.
- Access of local people to services, and acceptability of proposals.

- Spatial requirements of the varying tiers of service.
- Demographic factors.
- The pressure to improve some hospital services, in particular orthopaedic services in South East London.

In addition to using the Trust's financial framework KPMG have also used the most recent data available from official sources and subjected it to rigorous analysis. They will also be comparing the financial and practical implications of their options with those initially proposed by the Trust last year and the revised options now being worked up by the London Implementation Group. They have also carried out an analysis of spatial requirements of services at both hospitals.

We believe that the information gathered and some of the arguments in support of one of the options (Option A) in the KPMG report will inform and assist the

*...our proposals can be delivered to a planned and costed programme which will be achievable, affordable and acceptable to all those with an interest in the future of Guy's and St Thomas' hospital.*

'Save Guy's Campaign' and its proposals. However, we must make clear that the KPMG report has not yet either been finalised, nor does it represent the view of the 'Save Guy's Campaign' as a whole or any members of the Campaign.

We are confident that our proposals can be delivered to a planned and costed programme which will be achievable, affordable and acceptable to all those with an interest in the future of Guy's and St Thomas'. We are finalising work on our proposals so that they are in the public domain in good time to be fully considered when all the decisions will be taken about the future of Guy's and St Thomas'.

We hope you will support the 'Keep Guy's, Keep St Thomas' proposal which the 'Save Guy's Campaign' will publish next month. If you want to know more, or would like to help, please contact the Campaign office or come to the 'Save Guy's Campaign' meetings.

# An Interview With Dr John Rees

*Views of the course, from above*

**D**r Rees first came to Guy's as a student from Christ's College, Cambridge to complete his clinical teaching and has held junior and senior posts here until becoming a consultant. Due to his long association with Guy's, we felt it would be relevant and interesting to ask him about his medical career and to comment about the changes that have occurred at Guy's.



## **Why did you choose to do medicine?**

It fitted in with the 'A' levels I did, because I was interested in Physics, Biology and Chemistry, and it seemed a reasonable career to follow on from that.

## **Why did you choose to work at Guy's in a more senior capacity?**

I'd done various jobs at Guy's at a junior level, and it gave me a chance to keep an interest in a number of areas that I wanted to do, ie clinical and thoracic medicine and to keep an interest in teaching and research.

## **Have you enjoyed medicine?**

Yes, I would say that I have enjoyed my life in medicine. I think there are things about it that are very rewarding and interesting. It has its negative sides, relating to the length of hours. Overall it has been very enjoyable and I get a kick out of doing medicine.

**Moving onto the subject of the clinical curriculum, I'd like to ask you if you think the sign-up system achieves its aim of accurately assessing student performance?**

I think there are considerable problems with the system. The major problem is that it tries to achieve two things that are not completely compatible. It tries

to achieve something educationally useful, by getting together with the student, and talking to them about their assessment. It's also being used as a tool for ranking students for house jobs, and those aims are difficult to tie together.

It's not possible to say to a student 'I'm going to give you a 'D', because that's for your own good', when every student knows it could make a big difference to the job he gets.

The medical school views it as an early warning system, for picking up problems in students and the final ranking is probably pretty close to that most people would put on students. I think it's good around the extremes but is more difficult in the middle, because the discrimination is not as good.

**What do you believe are the key areas where the sign ups could be improved?**

It would be better if part of the sign up were based on some objective test. Medicine is going to do that with an MCQ to base the knowledge sign up. I think that would feel better for the students. The danger is that all the grade is based on that MCQ and will influence other grades. However I think the assessment for application and attitude is a subjective grade, and clinical skills may be subjective or based on some case assessment.

**What were the medical school's main aims in introducing the new clinical curriculum?**

We were trying to do a number of things. We were trying to provide an education that would prepare people for being House Officers and be sure that we were putting in the basics of the 1st year by having long medical and surgical firms and keeping students at home base, where we could have a reasonable control over teaching. Then in the final year, moving them out more to regional attachments and having shadow house jobs to learn and employ the practical skills. So the idea was to have a course where students could use those skills they need as House Officers.

It was also to move us a little further to vertical integration by having clinical aspects going into the preclinical systems course. The balance for that is you need to get some of the basic medical sciences coming into the clinical years. We made an attempt to start that by getting embryology and genetics into the Paediatrics and Obstetrics section. That's something we have to develop further in a way that we hope won't be disruptive.



**Even though it's been a year, do you feel the curriculum is starting to achieve those aims?**

I think it is, it's difficult to know but there are some good things. There were things we got wrong like Health Care, which in the 1st year was not well done. We have now changed that. The association between Obstetrics, Gynaecology and Paediatrics has been a good move. I think that one problem is that whenever you introduce a new curriculum, you're faced with the overlap with the old curriculum and that takes everybody's attention for a while, as it detracts from the old and new curricula.

**Will there be any major changes in the clinical curriculum in the immediate future?**

I don't see any changes in the immediate future. We have to sort out what we do with the (clinical) project because its position has changed. Then we have to see whether integration of Health and Health Care was a good thing or not.

**Do you feel junior doctors are right to complain about their hours?**

I think they do have a right to complain. There is a problem they've achieved by complaining about their hours, because they have a system with shorter hours but less satisfaction and more stress. The same amount of work is there and it means that doctors work shorter hours, but they have to cover more patients or patients they don't know when they're on call. I think the care it provides for patients is not as good.

**How would you begin to solve this problem?**

I really don't have an answer to that at all. The situation is getting worse because the training requirements of post-graduate training of junior staff and changes in the Calman proposals for registrars and senior registrars will mean there is less opportunity for junior staff to do general clinical care on the wards.

**Some would say that the problem could be solved by increasing junior doctor numbers. Is that a realistic solution?**

We probably do need more Junior Doctors, but you need to give these people something to go onto afterwards. So for more junior doctors you need to make more senior posts to go into. People have not found it easy to do that in the past.

I think there are opportunities to change, it needs a co-ordinated approach to sort it out. Its being attacked in various bits and that will produce more problems.

**What do you think about the Government's approach to rationalise services and merge or close teaching hospitals in London?**

I think it is right to look at it, there are things that need to be rationalised. It's not unique to London, it's something that other major cities are facing, and it's right to look at these special units to see if they are appropriately placed or there are the right number of them.

The problem with London is that some of the information that the Government's plans are based on, in terms of bed requirements, is probably wrong. We are not in a situation to cut beds in a way that the government thinks it can, because there are many more problems with primary care in London than other places. Its quite likely the figures quoted by Professor Jarman are more accurate than those the Tomlinson plans were based on, so we can't afford to reduce beds in the way the Government plans.

**What are your feelings about the proposed transfer of services from Guy's to St Thomas'?**

I think that would be very unfortunate. If you look at the money that the Trust will earn in the present system, then one has to do something about the reorganisation of the hospitals. It would be much better if financial arrangements were changed to allow both hospitals to run properly and rationalise major services and specialities.

I think that it would be very important to look at alternative plans carefully to see if there is a way to run two sites as that would be preferable for the care of patients locally and teaching of medical or postgraduate students.

**What alternatives could be implemented other than those put forward by the government?**

I think that the Government would have to accept that their prediction for bed needs of London are wrong. If they were to do that then that would enable Guy's and St Thomas' to come up with what I think would be a more rational plan.

**How would you convince the Government against scaling down services at Guy's?**

It sounds very easy to scale down an institution like Guy's and to transfer things across a few miles. That is an incredibly disruptive move and will take many years for things to build up again.

I think there is a great danger in thinking you can make radical changes, especially if you're not doing it with a lot of investment and positive input,

just to save money. The chances are that you will destroy the good things that are going on.

**Some would say that with having King's, St Thomas' and Lewisham nearby there are enough hospitals to cover the area.**

Well you could take somebody to sit in King's Casualty for a night, to see the patients lying around in trolleys and unable to get beds on the wards. One can see the same thing in other casualty departments. If you were to ask the General Practitioners whose patients use these departments if there are too many hospital beds, I don't think they would agree with that, and they're the primary users of the system.

**How would you feel if Guy's were to close down as a secondary or tertiary referral centre?**

I would think it would be a great shame. We could go on and work anywhere if given the facilities. In the end it wouldn't matter so much if the facilities and care for the patients were adequate. However, it's not quite what's being proposed. It would be a great shame to lose the Guy's tradition, but one can't rely totally on that, and one has to have something that fits with the times. I think Guy's and St Thomas' are quite capable of doing that.

I don't think the one site arrangement being proposed is the way to do it.

**Phil Marino**  
Boland House

# The Gordon Museum

*1826 to the present day*

There has been a collection of specimens and other medical ephemera on the Guy's campus since 1802 and this formed the basis of the Museum in the first Medical School which was opened in 1826. This school was erected in the Park facing Hunt's House and the first Curator of this Museum was Thomas Hodgkin who first described the disease which bears his name. Under his curatorship the museum became established so that his catalogue of 1829 lists approximately 3000 exhibits. As the collection grew in size further museums were established in the 'newly built Hunt's House' and by 1861 the London Journal of Medicine reported that 'The Museums are on a scale which entitles them to rank among the first of our national collections'.

This collection consisted of the Pathology specimens, the Museum of comparative anatomy and of course the remarkable collection of anatomical and dermatological waxes produced by Joseph Towne.

Towne had first appeared at Guy's in 1826 when he was just 19 years old. He had travelled from his home in Royston bearing the miniturised wax model of a human skeleton to show some Guy's doctors. One of these was Sir Astley Cooper, who recommended Towne to Benjamin Harrison the Treasurer. Towne was immediately appointed wax modeller to Guy's and to the newly established Medical School. Towne worked here for the next 53 years during which time he produced nearly 1000 models.

In the pathology collection were some of the original specimens of Hodgkins' Disease, Addisons' Disease and Brights' Disease.

*...the museum became established so that his catalogue of 1829 lists approximately 3000 exhibits.*

## The First Museum Circa 1850

The Medical School remained on this site until, with the addition of an extra year to the student curriculum in 1890, it was proposed that the present school should be built. It consisted initially of the Library built with a generous donation from Henry Wills, and the Museum built solely at the cost of Robert



Gordon, a Governor of the Hospital. There was also office accommodation and a vestibule for busts and plaques. The Gordon Museum was opened in 1905.

The museum consists of four large open bays on three levels. They are illuminated by skylights and the gallery floors are of glass so allowing as much natural daylight as possible to fall on the exhibits.

These galleries are now painted but the museum has adequate artificial lighting. The design of the museum appears today to be unique but is in fact a classic example of the Victorian 'glass and iron' style originating from the Great Exhibition building at Hyde Park in 1851 which was then moved to Sydenham as the Crystal Palace. With the completion of the Museum it was possible for the first time to bring the complete collection under one roof and the published catalogues of the period listed approximately 12,000 items.



'The First Museum 1850'

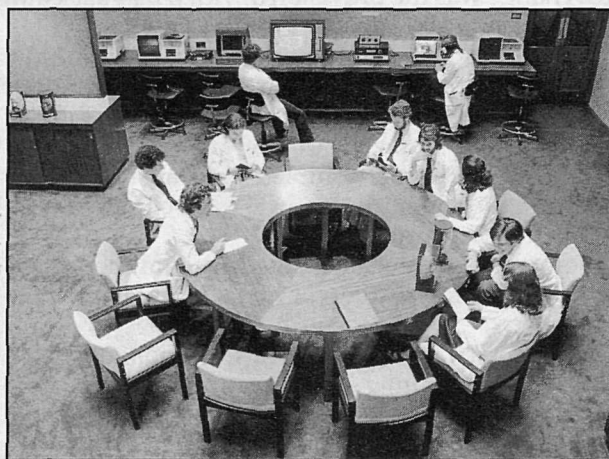
## The Gordon Museum 1976

For the next 30 years under the curatorship of Mr Davies Colley there were very few changes in the way the Museum functioned. The published catalogues were completed and the collection classified. Throughout the 2nd World War the Museum remained open, however the more valuable anatomical models were transferred to caves at Chislehurst and the wax skin models to Hereford. In spite of the regular day and night air raids and the extensive damage to both Guy's and the surrounding property the museum only

suffered with cracked and broken skylights.

In 1946 Professor Keith Simpson became Curator and the Museum began to change its function. The ground floor of one of the bays was adapted as a lecture theatre with raised dias stackable chairs and projection facilities, blacked out by roller blinds.

Over a period of some years a considerable number of articles of historical and antiquarian interest have



'The Museum 1976'

been offered to Guy's and these formed the Gazette Museum of Antiquities and were exhibited in show cases in an annexe between the Wills Library and the Gordon Museum. This collection contained personal relics of Thomas Guy and William Hunt, manuscripts, portraits and certificates relating to the Hospital and Medical School, apparatus and surgical instruments. Antiquities discovered in the various excavations upon the Hospital site were exhibited.

In 1948 the show cases housing these objects were transferred to the Gordon Museum and in 1965 the collection was divided between the Wills Library, Hospital Archives and the School of Nursing. The Museum retained the surgical instruments and had them revised and re-displayed.

In 1965 the Curatorship passed to Professor S J De Navasquez and then in 1970 to Mr J D Maynard, the present Curator.

It was at this time that it was decided to completely reorganise the function of the Museum and to extend the way in which the Museum was used and to provide urgently needed tutorial facilities available for all the specialities in the student curriculum. The first bay they selected was the one displaying the Dermatological waxes and with generous donations from many sources the largest being from the Dunhill Trust this section was refurbished and renamed the Dunhill Dermatology Room. The improvements for the first time provided a circular table for small group tutorials, comfortable seating and projection equipment. The most radical change was the provision of video playback and tape slide learning consuls available to all.

The reaction to these changes was immediate and with funds centrally provided Video Tapes and Tape Slide programmes, selected by departments, were purchased and made available for student learning. The A/V Library contains learning programmes in many aspects of undergraduate and post-graduate studies, and with the transfer of the complete clinical slide library from the Department of Photography containing almost 75,000 clinical photographs - provides a unique teaching resource.

With a generous legacy from a late technician of the Museum the lecture area was completely renovated providing seating for up to 70 and named the Percy Roberts Lecture Room.

Throughout this period the Secretary of the School Mr D Bompas allocated the necessary funding to upgrade the lighting and to completely redecorate the Museum and to make it into a pleasant working environment that we now enjoy.

In the last few years we have seen the introduction of the computer and it was decided that the Gordon Museum was the ideal location for the primary student network on the Guy's Campus with network connections to the Wills Library and the Dental School.

These have provided the Students with the facility for Word Processing, Spread Sheets and graphics for essays and research projects.

With generous external funding we have only recently managed to upgrade the demonstration Bay of the Museum to provide four tutorial areas and this has been re-named the Aesculapius Room.

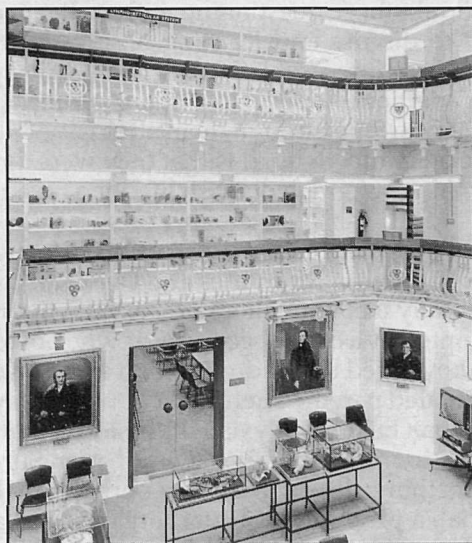
The most recent 'Upgrade' has been with the collaboration of the Assistant Curators, and using a computer authorising programme the introduction of a complete pathology revision section supported by a computer aided learning package. This incorporates x-rays, photomicrographs, scans and multiple choice questions with the appropriate specimens.

The students have found this especially useful when working towards the MB Pathology examination. This slots extremely well with the Block Pathology Course which is based in the Museum.

The Museum is now used for teaching by almost every speciality of the student curriculum from the Basic Science Course to the Clinical Firms. This includes Medical, Dental, Radiography, Nurses, Physiotherapists and Operating Theatre Practitioners. It has become a Conference Centre for both post-graduate and Research Groups, and receives almost 5,000 visitors a year from other Institutions.

So after 90 years, with the enthusiasm of many of the Staff and financial support from both the School and private resources, UMDS has a Museum with its outstanding collection of which they can be justly proud. Whilst many of the Museums in other Medical Schools have virtually disappeared this unique building admired by countless students and envied by visitors from all over the World has been retained in its original form and yet adapted to the present needs of the student community.

**J Daws**  
Chief Technician  
Gordon Museum





# *An Examination of the 1st Term*

*Are we enjoying ourselves?*

**S**ocial-wise: Everything is now a bit of a blur. You went along to the Fresher's Fair, got a load of freebies from various banks, were accosted by the women's rugby team recruiters (as did some of the women) and maybe signed your life away to the OTC. You met the Dean (twice if you were one of the lucky ones on the 'Pre-joining Biology Course'). Of course, you went along to all the bar events and probably got very drunk indeed. By the end of it you were desperately in need of a night off and some aspirin.

**Queries:** Where did the Booze Cruise set off from? How about a Real Ale Night?

**'Communication and Learning'**...Hmmm! Opinions vary as to the validity of this course. No doubt those questioning will see the necessity of that week of discussing how to discuss and learning how to learn when we qualify sometime in the not very foreseeable future.

**'Welcome to yet another course!'** How many introductory lectures did we have? Did anyone stay awake through them all to count? The general consensus of opinion here on Lambeth Road is that they were far too waffly and not the most inspiring things to grab you with life-long enthusiasm for biochemistry.

**Query:** Why didn't we just get on with learning?

**'Come along and meet your Mummies and Daddies!'**... Tell me, how many of you out there actually met your allocated parental figure? How many girls ended up being adopted by a drunk second year who obviously fancied them? How many drunk boys tried to be adopted by a second year girl who looked better than their allocated parent? There must be better ways to meet members of the opposite sex than being asphyxiated in the crush on the stairs.

**Suggested medication:** Organise the scheme better. Surely UMDS ought to be able to put something decent together--perhaps making the parenting scheme more official, a proper UMDS staff organised affair? That way we'd at least be able to hold our heads up to those other universities which have reproductive adoption schemes. Hey, we might even be able to get to know

our parents a bit, never mind simply being able to hand back those practical books we acquired in the bar during Freshers' Week to the right person.

### **The term progresses**

Lecturers, histology practicals, titrations and more lectures... Not forgetting the tutorials. The truly amoral thing about them is that some people learn things during them whereas others don't. We're not chucking the proverbial baby out with the bath water, don't get us wrong--all the tutors know their subject. It's just that one or two of them (and it is only one or two) seem to lack the fundamental quality needed to tutor: the ability to teach. It is, perhaps, the fact that not all brilliant researchers make wonderful tutors that the faculty at UMDS have overlooked or perhaps ignored.

**Suggestion:** Filling in piles of 'lecture assessment forms' for the benefit of future freshers is all very well. Couldn't we fill in some 'tutor assessments forms' and perhaps raise our own tutorial learning prospects for next term?

**The December Tests:** From past experience opinions and results will range from the outstandingly brilliant [mature students] to the amusingly appalling.

**Another Small Suggestion:** Wouldn't it be a good idea to have a 'Which exam counts for how many percent and when' session? That way, we can avoid so many 'The viva counts for 99%!!' outbursts and use the energy conserved for something less futile than ignorant, excessive and needless worrying.

**End of year, end of term:** Are we enjoying ourselves?... YES! Was this term great?... Mean opinion is YES! Is next term going to be hard work... Unless you're one of those mature dental or biochemistry students, YES! Is next term going to be just as good?... Hopefully, YES!

**Compiled from discussions in the Rectory television room**

## *Virology*

Remember 'Killer Virus Hits Guy's'? Heard of mad cow disease? Know someone with Yuppie Flu? Do you know which infection necessitated the largest government health advertising campaign? What has recently hit the news and has prevented some doctors from practising medicine altogether? All of these questions have a VIRUS in their answer - except the first one, where the answer is either bacteria, or a certain part of the Government.

So viruses and virology are important? You bet it, buster! You could probably find some virus related pathology on every ward: news of viruses even spreads to the luxury wall to wall shag pile Public Health Offices. This book is the tenth edition of **Notes In Medical Virology** by **Morag Timbury** (Churchill Livingstone £9.95 ISBN 044304872 X). Viruses as shown in the excellent electron micrographs in this book are apparently about the size of your little finger and look like little rockets or space capsules. Virus related illness can come in all shapes and sizes: this book deals with the different presentations of related disease topic by

topic, through the different divisions of medicine. Colour photographs are included to show gross clinical presentations and the text is arranged in a useful systematic way with presentation, clinical findings and management sections. The effects of viruses make the news often: HIV and AIDS have changed the world and the recent scare about Hepatitis B infection and the infection of medical practitioners is a concern for all medical students. Get immunised! From a more mercenary point of view, virology features in exams. Viral illness makes for good(?) question opportunities for your friendly local examiner: Hep B, rubella in pregnancy, Herpes, HIV and picture tests for things like ORF (see this book)!

This is a concise A to Z of viruses. It is not over stuffed with unnecessary detail and has clear diagrams and good photographs. All the chapters have relevant clinical information and there are also sections on diagnostic tests, the basic properties of viruses and also the expanding field of anti-viral therapy. More advanced issues such as chronic neurological infection and childhood viral pathology are interesting. The section on warts will appeal to the less healthy mind.

**Richard Littlewood**

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## Physiology

A new self test question and answer book has been brought out to accompany the Blackwell textbook 'Essentials Of Physiology'. The main textbook covers many areas in physiology well and this new book is aimed at those using this. **The Essentials Of Physiology Study Guide** by **Smith, Meckjowic and Lamb** (Blackwells 1994, ISBN 0632 036826) contains a large number of quick to answer, fill in the gap type questions. The answers to the questions range from one word answers to longer descriptive answers. Questions on the subjects of all the chapters in the parent textbook are covered; the questions are aimed at different levels of knowledge and are not ambiguous or too involved. This is quite an easy to use self test type guide but with the unfortunate emphasis on multiple guess 'examination' these days it may not be the best option for revision.

Richard Littlewood

## Endocrinology

More from the 'At A Glance' series with this new book, **Endocrinology At A Glance** by **Ben Greenstein** (Blackwells £9.95 ISBN 0632038357). This is a short book covering a great deal of endocrinology. It is in a slightly smaller size format than some of the other 'At A Glance' books; it is a well designed and easy to read book. It is not crammed full with information and each double page spread is dedicated one part of endocrinology. Each different section has black and white diagrams which are not over complicated or too small and a concise piece of text explaining the relevant cycles and associated medicine or physiology. This is a good new endocrinology book that is of interest to medical students and is certainly worth a look.

Richard Littlewood

## ***Dental Nursing***

### POST CERTIFICATION SUCCESS FOR THE SCHOOL OF DENTAL NURSING

Yearly, since 1987 the School of Dental Nursing has run a series of successful continuing education courses for dental nurses. The courses are open to dental nurses employed in all aspects of dentistry and also to staff employed within the dental hospital, although our greatest up take has been from nurses employed in general dental practice and the community dental services. The courses cover a wide range of subjects, these have included preparing participants for the National Examining Board for DSAs Certificate in 'Oral Health' and 'Assisting in the Care of the Patient Relating to the Treatment under Conscious Sedation'. In addition there have been courses and workshops in Adhesive Dentistry, Special Needs and a Crammer course for nurses wishing to sit the National Examination for DSAs.

Our courses are run by the staff of the School of Dental Nursing and a dedicated team of specialist dentist trainers. Our participants are a varied bunch ranging from nurses who have been working just over a year to 31

years and who have been qualified from as little as 6 months to 36 years. It would appear that there is a growing demand for dental nurses to be trained and updated in further techniques. Our proposed future plans for courses in the later part of 1994 and 1995 are Communication Skills for Dental Nurses and Receptionists, a Refresher course to update nurses on current materials and techniques, HIV set-ups and CPR training, a Special Needs course, Preparation for the National Examination and our regular Oral Health and Sedation courses.

In August we were able to provide, in conjunction with Nobelpharma, a course on dental implants using the Branemark system. This covered both the surgical and restorative aspects. The course participants consisted of the second year student dental nurses and various qualified members of the nursing staff from departments throughout the hospital. It is envisaged that this course will be provided every year.

All in all, the School of Dental Nursing has made great steps to improve the training and career opportunities for dental nurses. Currently, we have provided post certification training for a total of 226 dental nurses and are pleased to be recognised at a national level as a centre of excellence.

If any members of staff would like to obtain information regarding courses for their nurses in practice

then please contact the school office on extensions 4447 or 2446. Also if any staff would like to see other course topics included in our training programmes or would like to obtain an application form then take a visit to our hive of industry on floor 27.

**Beverly Coker**

Clinical Tutor Dental Nurse

### ***Dental Hospital wins contract for Advance Restorative Service.***

Guy's Dental Hospital has beaten stiff competition to win a two year contract to provide Advance Restorative Dental Service to the residents of Ealing, Hammersmith and Hounslow Health

Authority. From October, Mr Andrew McCulloch will spend two sessions a week at a community clinic in Hounslow, providing both advice and treatment and working closely with local practitioners. With this contract we have also won preferred provider status and so Restorative work that might previously have been referred to other London Dental Hospitals will now come to the Hounslow clinic of Guy's. The precise contract value is, therefore, difficult to anticipate but may be in the region of £50,000.



## ***Autumn Leaves***

As the leaves began to fall towards the end of September, my time arrived to join them. I was to leave the main trunk - Guy's - and join those many others, now grounded, who though no longer attached to this tree, still surround it with interest and provide some nourishment to its roots. Having spent thirty-three years at Guy's, more than half my life, I thought it appropriate to reflect, that though a murderer's life sentence is less, mine has been a happier lot.

Once, a colleague I worked with, commented at the departure of another workmate, that, after five years, she seemed to be a part of the furniture. Well, I felt that perhaps a part of the brickwork was crumbling as I left; indeed some of the walls in the area I have worked in the Lloyd Clinic are quite literally crumbling!

But I have set no records. Sister Freda Cole, who works in X ray theatres, has a longer record for service amongst the current nursing staff. Freda was justly honoured recently at a 'surprise' party in the Robens Suite. She was aptly described by one of her co-workers as the 'best nurse' it had been her privilege to know.

I also set no records in length of, service in the Clinic. My immediate predecessor, H MacCaffery, managed thirty-seven years. A young nurse recently asked me, presumably on account of my apparent longevity, if I was the first male nurse! This is certainly not a record I can claim. I was not even the first 'Male Sister', as Guy's once described its male charge nurses. The late Trevor Clay claims that honour, and although I succeeded him in providing sex education for a local school, when it was less common for nurses to be employed, I fear the claim is not quite accurate. Sandy Pratt, charge nurse in the Annexe, as the Lloyd Clinic was once known, was a charge nurse before Trevor.

My early years at Guy's found me in the company of a variety of interesting people. Harriet Hawley, who worked in the Clinic for many years as a cleaner was a born and bred Borough lady. She had many tales to tell of the old days, and of how a holiday for the locals was hopping down in Kent. She would warn the female nurses about the possibility of Sister Chrimes immediate arrival. She remembered Dr Lloyd, after whom our department is named, as a perfect gentleman, who would present her with a ten shilling note (50p) at Christmas. Dr Lloyd who was in at

the foundation of the Clinic was at one time editor of the specialist journal, the British Journal of Venereal Diseases, now the British Journal of Genito-Urinary Medicine.

Dr Grimble followed Dr Lloyd. I worked with him for over twenty years. He was not always in step with others in his profession, especially over the now ubiquitous title of the speciality Genito-Urinary Medicine. He was in the vanguard at the introduction of this term, when others held onto the label 'VD'.

In retiring from Guy's I will miss the patients. Many of these I have come to know very well over the past ten years since the emergence of HIV/AIDS.

I will also miss the many colleagues and other friends it has been my privilege to know while I have worked at Guy's. We have not always seen eye to eye - but I hope others share my view that I have maintained good relationships with most staff.

It may seem strange to some readers, but I will also miss the daily commuting journey to work by train. I would prefer travelling behind a steam locomotive, but riding by rail has always been a great pleasure. Even when delayed en-route, while passengers around me flap their papers, glare at their watches or huff and puff, I usually continue to enjoy

another of my pleasures - reading a book; I have even sometimes regretted the arrival at London Bridge necessitating the closure of the book. I shall also miss The George, and various other local hostelrys, but doubtless will be able to meet up with the old companions and catch up on the gossip!

But I am not completely put out to pasture: I intend to work part-time at a new venture - a Well Men's Clinic at Central Lewisham Health Centre and as a humanist celebrant conducting non-religious funerals and weddings. Nevertheless there will be times when I may get under my wife's feet. I don't think she entirely welcomed my presence at her weekly supermarket visit as I questioned the prices and values of some goods. Of course, I realise many of my female colleagues find shopping a commonplace, which they combine with nursing and running a home. I have often wondered how it was done.

I am to be replaced by a 'high-flier'. No one who knows me at all well will be surprised at my decision to seek early retirement, rather than seek this position. The last time I saw a high-flier in action was above the lions and tigers; heaven forbid I should draw a comparison between our management and Gerry Cottel's outfit - I hear he's gone bust.

Finally, this journal has also been a feature of my time at Guy's. My first contribution - about men in nursing - appeared in 1967 to coincide with the first male student, Sean Molloy, to train as a nurse at Guy's. Writing this column has also enabled me to turn the tables sometimes; it gave me the chance to interview Wilma MacPherson,

the Trust Director of Nursing, who also kindly presided over my farewell party, at which I announced my intention to still be around, like other autumn leaves. But until a successor is found for our new 'combined' gazette, I will continue to offer some notes on the nursing scene.

Denis Cobell

## Guy's Evelina Children's Hospital Appeal



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## ***Address at Rodney Long's Funeral***

*28th April 1994*

*by the Rev'd Malcolm Johnson*

I feel very honoured that Rodney asked me to give this address - he and I have been friends since 1969.

He was born into a medical family 73 years ago in Highgate - his father was a GP and his mother is of course still alive aged 104. He went to Bedford School and graduated as a doctor in 1947 at Guy's Hospital. After doing National Service at the Royal Navy he spent some time in the Merchant Navy and was then Assistant Secretary with the Medical Defence Union after which he held appointments in psychiatry at Coulsdon Hospital and the Royal Naval Hospital at Haslar.

Then in 1957 came a momentous meeting with Dr Lincoln Williams the distinguished pioneer in this country in the field of alcoholism. Rodney learnt a great deal from Dr Williams and took over his practice when he retired in 1963.

Following this he became a GP in Jermyn Street in London's West End and this probably explains the smart shirts and ties he always wore. Usually they were striking and uncompromising colours reds and green etc. By now Rodney had a wide experience of counselling in the field of alcoholism and psychosexual problems. He treated literally hun-

dreds of alcoholics using a clinic in St John's Wood, London. Many people owe their health and happiness to Rodney and if they were all present today we would need to meet in the Cathedral at Oxford. When I was Rector of St Botolph, Aldgate I presided over a centre for the homeless, many of whom had a drinking problem. Often in the early days I had no idea what to do so if they showed a willingness to help themselves I would refer them to Rodney. Of all the many people he helped I'd mention just one - an educated man in his thirties whom I discovered in a drunken heap on my church steps. I referred him to Rodney who cared for him and healed him. Today that man is a trained social worker, married with two children. He is one of many who will not forget Rodney Long.

Between 1960 - 81 Rodney was the Consultant of the London Branch of the Samaritans and also the Albany Trust. He and I had supported the Homosexual Law Reform Society now the Albany Trust and his knowledge of this field was great.

Jermyn Street is a classy part of London so Rodney's patients were top drawer and several famous people sought him out. He was medical advisor to local firms like Rio Tinto Zinc, Walt Disney Productions and Mc Kinsey & Co. This involved counselling in the fields of stress, marital problems, bereavement, etc. He lectured to schools, medical groups, so-



cial workers, civil servants etc and he wrote several articles. He had a close professional relationship with his friends Dr Anthony Storr and Dr Eustace Chesser and he wrote the latter's obituary in 'The Times'.

He was President of the Renaissance Group founded by Dr Williams which is still concerned with the on going supervision and care of alcoholics. They meet over splendid meals in classy hotels and I was sorry I never took up his invitation to join them. I suspect he paid for many of the meals.

After this long experience as a GP and working in the fields of counselling, group therapy and hypnotherapy he retired in the early 1980s to

Petworth. He was a very private man, reticent and shy unless he was caring for you as a patient. He did not find it easy to make friends.

His faith in God remained definite and firm but the harshness of some Christian's morality and some of the church's teaching he disliked. He had terrible bouts of depression and the guilt stressed by some Christians added to his gloom.

This service began with the words of Jesus recorded in John II. 'I am the Resurrection and the Life. Whoever lives and believes in me shall never die.' Rodney believed that, and it is in that hope - of resurrection - we can face the sadness of his death.

## **Rugby**

**Courage League Game London 3(SW)**

**Old Emanuel vs Guy's**

**Result: LOST 13 - 18**

The RFU in their wisdom had decreed this year league matches would begin at the beginning of the season. Thus, in the second Saturday of September and before the pre-clinical students had begun their term, Guy's were playing their first league match against Old Emanuel. The results of this match had been pretty even over the last two years, with each Club recording a home win. The first XV had several changes from last year, but the line up was still sacrificing size for speed. The newcomers to the side were Simon Russel in the front row, Graham Lawton in the back row, Mark Jenkins in the centre and Ugo on the wing.

It was apparent from the outset that this was going to be a closely contested game. OEs had a large pack and particularly the front row. Guy's were under some pressure in the tight with the weight disadvantage, and from an early scrum the opposition back row crashed over for an unconverted try. An exchange of penalties left the score at 8 to Old Emanuel, 3 to Guy's. However, Neil

Davies had by this time missed a couple of kickable penalties by a whisker; but a further penalty for offside against OEs was converted to bring the score to 8-6. That remained the score at half time, but now Guy's were going to play into the wind.

Soon after the restart, Guy's scored a very exciting try when the ball was retained through two or three rucks, and then John Murphy made a break from scrum half and tore up the right wing taking out two men and passing the ball inside to Breeze. He cleverly chipped over his opposition wing, won the ball again and passed inside for Neil Davies to score under the posts and convert - Guy's 13, OEs 8. The opposition were now playing with the wind and sensibly used long kicks into the corners. After a little such pressure, the opposition winger went over in the corner helped by a mis-tackle by Guy's in the centre. This was a shame since the tackling throughout had been up to the standard we have come to expect over the last two seasons. This levelled the match at 13 points all. However, OEs went further ahead with a try after a rather curious incident when the ball was chipped ahead by Neil Davies and knocked down by the opposition centre, and instead of a penalty to Guy's, he allowed the centre to continue for a try in the corner. This proved to be the final score - OEs 18, Guy's 13. Overall, an exciting match

which either side could have won. Disappointingly, Guy's didn't.

Team: G Tsolkiades, S Russell, W Slim, B Challacombe, A Bates, W Llewellyn, P Davis, G Lawton, J Murphy, N Davies, F Ugo, M Jenkins, A Jones, R Breeze, J Burt.

SJC

## **Courage League Game-London 3 (SW)**

### **Guy's v Cranleigh**

The second league match of the season was played at HOP, and Guy's were missing several of their players from last week. The lack of team work showed and all the early possession went to Cranleigh who at this time were constantly in the Guy's half. A very fastidious but correct referee led to a rather disjointed game and after a loose maul, the opposition scrum half butted down the blind side to score in the corner. Cranleigh were extremely good at securing possession on the ground and Guy's were finding it particularly difficult to get any ball with which to run. When they did get the ball, the backs were looking exciting, and both Ugo and Breeze had runs to take the play to the opposition corner. However, after a high up and under by the Cranleigh stand-off, the ball was

dropped by Guy's and the opposition kicked over to score under the posts to leave the score at 12-0 against. That remained the score at half-time, but Guy's were beginning to look a little more coherent, but perhaps gave the impression of not really believing in themselves.

The second half began with a similar pattern, with Guy's needing possession and spending most of the time in their own half. However, they did emerge for a long-range penalty attempt by Davies. After a quick line out Guy's thought they had scored when Barrio charged over from a quick line out. The referee, however, thought that the ball had touched a member of the public, and therefore a quick throw was inappropriate and brought play back. The side then began to get a bit more possession and played in the Cranleigh half. However, Guy's throughout the game had difficulty in maintaining possession in tackle, and a well-drilled Cranleigh side were able to weather the storm. In the backs, Ugo, Breeze and Bevan all had good runs. In the forwards, after a slow start, Barrio and Tsolkiades made their mark, with Barrio in particular beginning to win ball in the line out in the second half against a much bigger opponent. The side throughout lacked fire, however, and there was a feeling that with a little more commitment and attention to detail, a narrow defeat could

have been turned into a win. Apart from the one error, Justin Burt at Full Back looked solid throughout under the Cranleigh tactic of raining balls down on him. Guy's had in the end at least as many chances as Cranleigh to score, but left it too late when, after an excellent move along the backs, Bevan went over in the corner. The final score was that Guy's lost their second league game by 5 points to 12.

Team: G Tsolkiades, D Evans, J Burt, A Bates, E Barrio, G Campbell, B Challacombe, G Lawton, J Murphy, N Davies, G Bevan F Ugo, P Gush, R Breeze.

SJC

## ***The Martial Arts Club***

The UMDS Martial Arts Club (MAC) has been running now for 12 years. The past year has seen a few changes take place. We now have two qualified instructors training with us. Our first instructor, Ian Davis, has been with the club since it's inception. Ian is an ex-Guy's physio who is qualified at black-belt grade or above in 4 martial arts: Karate, Wing Chun kung fu, Kali-Silat, and Aikido. He also currently trains with some of the police force, instructing on how to deal with criminals. Over the last year we have also linked up with Mark Dudley, a Consultant Haematologist at Lewisham and Guy's. Mark is a qualified instructor (black-belt) in Ju-Jitsu and already runs a

self-defence course at Lewisham. Based around these five martial arts the MAC has now developed into a freestyle combat and self-defence club, teaching what is practical as well as looking at the arts themselves. This gives us a look at not only what each art teaches but also which bits really work in those instants when you might need them most. Perhaps most importantly the training is fun and relaxed - tracksuits, trainers and a sense of humour are all that are needed. Anyone interested in learning martial arts for fun or for the more practical side of self-defence is welcome, staff and students. (Training at Pavy Gym Tuesdays 5.30pm-7.30pm, Saturdays 9am-11am). Just in case anyone has met them, not everyone at the club turns out like Marcus and Martin, I think they were just freak occurrences.

Ajay Gautama



## ***Tigers come roaring back***

The UMDS football 3rd XI, commonly known as the 'Cobham Tigers', have started the new season on a high note. Hopefully the dismal memories of only winning one game legitimately last season (we did win about three games by virtue of having no opposition) can now be put behind us.

Our first game of this season was away to St George's 3rd XI in the UAU cup. Arriving at the ground we found we did not have a changing room. So after hijacking the home team's room we took to the field with a team spirit and a feeling of hope that was something new for the Tigers. With our main midfielder (Tim) arriving on his moped about five minutes before kick-off the team was complete and we launched into our first game.

As expected the first few minutes were a little scrappy, but we drove up the field (not hard considering how short it was) numerous times, occasionally showing some good touches. After winning our first corner, Aj walked to the corner flag and floated the ball into the box. Amongst the several heads searching for the ball Jeeves' neck and shoulder actually found it and gave the Tigers their first goal of the season. Not to be outdone, Alexis, our other striker, soon after

went on a solo run on the left, finishing superbly by slotting the ball between keeper and post: 2-0. Perhaps brimming with overconfidence, we then somehow allowed their number 6, arguably their most (and only) talented player, to stray into our penalty area and drive the ball over the keeper into the top of the net. This having brought us back to our senses we set about restoring our two goal lead. Shortly before half-time Jeeves seized upon a poor George's free-kick and poked the ball under a hapless keeper: 3-1 and orange time!

Having berated the entire team, we took to the field once more and were immediately besieged. As hard as the defence worked during this period the real honours must go to Argi, our keeper. He timed his runs off the line superbly to collect ball after ball and parried any shots on goal, though the defence did well shutting out most of the fiercer attempts. Then, having weathered the storm, came the arrival of the Tigers' very own 'Super-sub': the Ninja! Coming into the right side of midfield to replace a tired Kaz the Ferret (who had battled hard for over an hour), he had soon assaulted the whole of George's left side. This gave us many more attacking options! However our first real chance fell to Alexis, now known as the Donkey. True to his new name he hoofed the ball well over the bar. Ninja then decided the team weren't up to it and embarked on a solo run down the

right wing before suddenly finding himself on the touch line. Faced with a choice of passing or shooting, Ninja coolly chose to swerve the ball round the keeper: 4-1 and 5 mins to go. The question was could Jeeves get his hat-trick? And more importantly then buy us all a drink? Finding space on the left, Jeeves cut inside and curled his shot past the keeper.....and onto the upright. Jeeves was left holding his head while the rest of the team tried to pick up the rebound. With two minutes left Jeeves took a neat pass on his right foot, poking it past a defender, before rifling a sweet left-

footed shot past the keeper: 5-1 and 3 for Jeeves. Full-time, and happy for it, our unfit team has started the season well, but we still can't find Jeeves and our drinks.

Team: Argi, Pretty Boy (Yogesh), Dharmesh, Sam, Matt (the Fresher), Aj, Kaz the Ferret (Farhat), Donkey (Alexis), Jeeves (Sanjeewa), General Tim, Lai.

Sub: Ninja (Aninda)

Man of the Match: Jeeves (sorry Argi!)

Ajay Gautama



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**SKELETON  
BOOKS**

This is a detailed black and white illustration, likely a wood engraving or etching, depicting a bustling street scene in front of a grand, classical-style building. The building's facade is composed of large, rectangular stone blocks and features several prominent arched doorways. A traditional hanging lantern is mounted on the wall above one of the arches. In the foreground, a diverse group of people is gathered. On the left, a man in a dark suit and a tall top hat stands near a large, ornate frame containing a portrait of a man. He appears to be pointing or gesturing towards it. Next to him, a young boy in a light-colored jacket and dark boots looks on. To the right, a woman wearing a wide-brimmed hat and a long coat walks away from the viewer. In the center, a child in a dark dress with a white cape and a flower in their hair is seen from behind. Another child in a light-colored jacket and cap is also visible. Several men in formal attire, including suits and hats, are scattered throughout the scene, some standing near the entrance of the building. The overall atmosphere is one of a busy, public event or exhibition taking place in a significant urban location. The artist's signature "HMP" is visible in the bottom left corner.

## **Cricket: Guy's 2nds Season**

### **Guy's 2nds vs Goldsmith 8th May 1994**

First match of the season, there was great anticipation, but were we up to beating a bunch of artists? Well, Guys had some trouble getting a team out especially when the Goldsmiths ground was in the middle of nowhere. We finally arrived to be greeted by the busy Goldsmiths barmaid. After many visits to the bar to inspect the wares, team spirits rose as the remainder of the team slowly turned up. Meanwhile Guys preceded to bat (having fewer players), with Anjay 'flanjay' Talwar and Sanjay 'stick' Varma commencing the season. The outfield was not helpful, and we lost Faisal 'super faiz' Khan for half an hour as he went for a walk skirting the outfield. Flanjay was to make the highest score of 23, the stick making 5, before they were both out. Bob 'tendernose' Chatterjee was soon to earn his name, after top edging a ball from fatty and retiring hurt. Making his debut was Neeraj 'fresherwalla' Bhasin, a batsman making the grand total of 3 (indicative of most of his season). Super Faiz, after his safari in the outfield, now went in to face some hostile bowling from fatty, who bounced him a few times (not too difficult I hear you say), and then he was another of our specialist batsmen out for a low score ie a DUCK. Mark

'gins' Blunden (captain) entered to make a few agricultural swings to be out for 9. Guy's 2nds were floundering, but in entered Sarmad 'speed' Zaidi who made a gorgeous 16, helped by Omar on 11. The final pair were Sameul 'moses' Rajaratnam and Andrew 'pit pony' Williams, Moses scoring the second duck of the innings which ended on 82.

'Pit Pony' opened the bowling and took a quick two wickets in the first over, and then came Sarmad 'pretty boy' who made short work of the middle order taking 4 wickets. Omar now swept up the tail with 3 wickets. So Goldsmiths were 17 for 9 and in came fatty, he and his partner took the score up to 67 before the Stick tapped fatty LBW. Thus Guy's drew fist blood this season, was this indicative of the rest of the season?

TEAM LIST: Anjay 'flanjay' Talwar, Sanjay 'stick' Varma, Bob 'tendernose' Chatterjee, Neeraj 'fresherwalla' Bhasin, Faisal 'super faiz' Khan, Mark 'gins' Blunden (Captain), Samad 'pretty boy' Zaidi, John 'sturgeon' Davies, Omar 'who cares', Andrew 'pit Pony' Williams, Sam 'moses' Rajaratnam

### **Guy's vs London Hospital 29th May 1994**

It was damp and overcast and played beside the north circular, once again Guy's found themselves on unfamiliar territory. The team was a mix and match (indicative of the rest of



the season), with Michael 'shark' Gonzales being a last minute addition. Guy's batted first with a new opening partnership of Anjay 'flan-jay' Talwar and Andy Bates. Flan-jay was dropped on 26 but went on to make 60 off 51 deliveries, including 2 huge sixes. Andy made 36 in this opening partnership of 111, before being given out under very dubious circumstances. In now were Jags and Neeraj 'fresherwalla' Bhasin, Jags showed his class by hitting 29. Unfortunately Fresherwalla was not to show his talent and was out for 3, for which he later received the duck T-shirt and a glorious 8 gins. Next was a new fresher Andy, who showed real potential, playing some nice drives before getting out for 12. Rav 'dumpy' Singh (11) and Nitin (4) were the two unbeaten batsman ending the innings on 204.

Guy's used only 4 bowlers Matt 'the incredible Welshman' Lovell, Graham Lawton, Mark 'gins' Blunden (Captain) and Rav 'dumpy' Singh. Guys picked up the first 3 wickets cheaply but then Clark stepped in, he scored an excellent 78 before trying one cross batted slog too many and was bowled by Rav. Guys cleaned up the rest of the tail cheaply to win by 63 runs, Dumpy very much the hero of the day, taking three wickets and a slip catch. Mark 'gins' also took 3 wickets and 8 gins for another victory.

TEAM LIST: Anjay 'flan-jay' Talwar, Andy Bates, Jags, Neeraj 'fresherwalla' Bhasin, Mark 'gins' Blunden, Andy S, Rav 'dumpy' Singh, Nitin, Graham Lawton, Michael 'shark' Gonzales, Matt 'the incredible Welshman' Lovell

## Guy's vs Barts

A glorious day at HOP found Guy's 2nds playing Barts, who turned up with copious amounts of alcoholic beverage. Once again Guy's batted first with yet another new opening partnership, Flan-jay Talwar and Steve 'beano' Allen, who after a long absence from 2nds cricket was unable to find form and was out for a duck (the first of many splendid performances during the innings). Flan-jay made 40 before getting out to Penguin. In came another newcomer Roger Lightfoot along with Sam 'moses' Rajaratnam; was he to part the field with his mighty bat? Not on this occasion when he was bowled for a duck. This brought in the captain Mark 'gins' Blunden who was to have his finest hour. Roger made 50, and Gins made 80 before being given out under very dubious circumstances. This 80 contained an amazing 13 fours and 3 sixes, and only 4 dot balls!!! In came another newcomer Chris Davis along with Rav 'dumpy' Singh, Chris kept up the scoring pattern of the day with a duck. Rav after hitting an absolutely huge six and two fours retired on 20. John 'stur-

geon' Davies hit 4 fours before retiring on 17. The innings was ended by Andrew 'pit pony' Williams and Matt 'the incredible Welshman' Lovell, the score being 249.

Barts were set a hard task to win and they were most definitely not up to the challenge, bar some resistance from Sumo (49) the rest of the team were crumbling, eventually being out for a measly 110. Mark 'gins', Matt 'TBW' and Omar taking three wickets a piece.

TEAM LIST: Anjay 'flanjay' Talwar, Steve 'beano' Allen, Roger Lightfoot, Samuel 'moses' Rajaratnam, Mark 'gins' Blunden (captain), Chris Davis, Rav 'dumpy' Singh, Omar, John 'sturgeon' Davies, Andrew 'pit pony' Williams, Matt 'the incredible welshman' Lovell

## Guy's vs SOAS 3rd July 1994

It was the day after the summer ball, it was also Anjay 'flanjay' Talwar's first game as captain: how would Guy's 2nds fare? They went into bat on a scorching afternoon (which did not help those of us with hangovers from the summer ball). Flanjay Talwar and Sanjay 'stick' Varma opened the batting; the captain was obviously not going to run much and blazed a quick 25 off 9 deliveries before being caught, this brought Jags into the fray but he only made a quick 6 runs, the Stick meanwhile playing the anchor role (even-

tually getting out for a well earned 24). In now came an extremely dehydrated Neeraj 'fresherwalla' Bhasin who finally was about to show his true potential. He was extremely coby with the opposition and fought his way to an excellent 50, most of which he ran (stupid man). Next was Bob 'tendernose' Chatterjee who was to show some great strokeplay and scoring 23 off 9 deliveries, then retiring. Ravi and Sarmad now ended the innings with valuable contributions of 16 and 11 respectively. This left SOAS 197 to win of 30 overs. They started slowly but steadily and Guy's grafted away to take the upper order batsman, Sarmad 'pretty boy' Zaidi and Sanjay 'stick' Varma taking 2 wickets apiece, but then on came Faisal 'super faiz' Khan, who with his unorthodox spin (even he does not know which way the ball will spin) baffled the opposition who then threw their wickets away. 'Super Faiz' ended up with 4 wickets as SOAS collapsed to 133. So it was victory to Guy's by 63 runs.

TEAM LIST: Anjay 'flanjay' Talwar (captain), Sanjay 'stick' Varma, Jags, Neeraj 'fresherwalla' Bhasin, Bob 'tendernose' Chatterjee, Ravi, Sarmad 'pretty boy' Zaidi, Faisal 'super faiz' Khan, Omar, Vijay, Matt 'TWB' Lovell

## Guy's vs the Accountants 17th July 1994

HOP on yet another gorgeous day, also the day of the world cup final, Guy's 2nds had managed to get out a team once again with Flanjay Talwar as the captain. We played a non college team, but would they be able to beat the unstoppable 2nds? For once the opposition batted first, and a newcomer Ajay starting the game with a flyer taking two wickets and super Faiz earning his name fielding at silly mid on taking a beauty of a catch giving Ajay his third wicket. Matt 'TWB' Lovell, otherwise known as the incredible Welshman, was on form swinging the ball but was not to take any wickets. Omar took two wickets and another newcomer Khalid was to take two. Sarmad, although bowling with vast amounts of swing was too good for the batsman and so only got one wicket. The total required was 178 off 35 overs.

Guy's opened the batting once again with Flanjay Talwar (captain), and Jags, both of whom started quite well, Flanjay scoring 19 and Jags scoring 19, before getting out. In now was Neeraj 'fresherwalla' Bhasin, who once again earned the princely sum of 8 gins for a total of 2. Two newcomers to the seconds side Ravi and Junaid, both not playing their natural attacking game and both being out in single figures. Faisal 'super faiz' Khan and Sarmad 'prettyboy' Zaidi were in next, they seemed to disre-

gard all caution and attack the bowling side bringing Guy's to a healthier position, super Faiz (13) and Sarmad (30), before they were both caught. Ajay was in next making 3, but then Khalid came in and supported by Omar the tail started wagging. Khalid was finding the boundary all around the ground, but then Omar was cleaned bowled for 19. This brought in Matt 'TWB' Lovell with his reconditioned bat, he got off to a great start with a boundary on his first ball but was soon caught out trying one shot too many, leaving Khalid not out on 25 and Guy's on 171. So it seemed Guy's 2nds had suffered a defeat until the score book was checked and it turned out there were many errors on behalf of the accountants (very suspect) and in fact their score was more in the region of 160. Therefore Guy's 2nds won by default. A sad way for the season to end but at least it was with victory, indicative of a very good season all in all.

TEAM LIST: Anjay 'flanjay' Talwar (captain), jags, Neeraj 'fresherwalla' Bhasin, Junaid, Ravi, Faisal 'super faiz' Khan, Sarmad 'pretty boy' Zaidi, Ajay, Khalid, Omar, Matt 'TWB' Lovell

Anjay Talwar

## ***John Fry Reunion Dinner 1939-48***

The reunion dinner originally started in 1988 by the late Dr John Fry for his fellow students has expanded and now covers the years 1939-48. The last dinner was held in the Robens Suite at Guy's on 17th October 1994.

Next year's dinner will be on Monday 16th October 1995 at Guy's. Those who have been to the dinner are welcome to invite any friend who is a Guy's man. Any Guy's man who thinks he might enjoy the company of old friends and fellow students is welcome to contact me for further information.

My address is:

Dr R E Irvine  
Dolphin House  
LeFoulon  
St Peter Port  
Guernsey GY1 1YY  
Tel 0481 723298

## ***Memorial Service***

A memorial service for Sir Noel Moynihan, St Thomas's old student (1950-55), who died on 5th October 1994, will be held at Westminster Cathedral at 2.00pm on Monday 28th November.

## ***Apology***

The heading for the obituary for Guy Blackburn in the last issue should have read 'Guy Blackburn MBE MCh FRCS'. The last line in the tribute should have read 'dedicated to his patients' and not 'parents' as misprinted.





Running a busy practice is a demanding job; but also a very routine job. A General Practitioner not only sees around 8,500 patients a year, but must also handle much of the day-to-day administration.

Looking after the serving men and women of the RAF and their families is an equally demanding alternative; but without the routine and with more time to care for each patient.

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## THE GP'S ROUTINE AND HOW TO BREAK OUT OF IT.

problems, the same need for maternity care or for counselling.

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Cyprus) and develop your career in one of a wide variety of specialties, from general medicine and surgery to renal dialysis.

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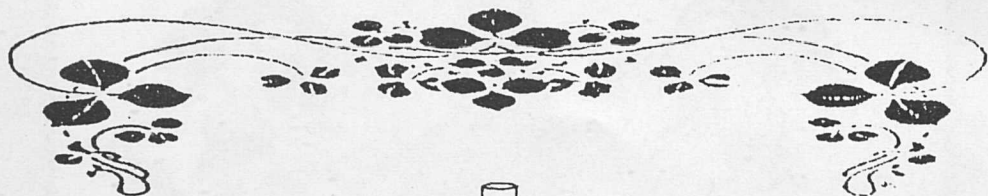


## December-January 1994-95

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## Guy's Gazette

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The opinions expressed are those of the authors and do not necessarily represent the views of the Hospital.

Volume 108 Number 2443 December—January 1994–1995  
ISSN 0017–5870

Guy's Gazette, Boland House, Guy's Hospital, London SE1 9RT.  
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Printed by Hobbs the Printers of Southampton

## Passim

Life can be likened to a ship crossing a large ocean being constantly pulled and tossed by the waves. Among those unstable floating ships are a few hard rocks stuck firmly in the sea bed. Guy's is one of those unchanging rocks. Political viewpoints may come and go but institutions such as ours battle on through what is sometimes a very turbulent sea.

This history of Guy's has seen various other attempts to attack its very foundations not to mention Hitler in the Second World War. Guy's is under attack again albeit from a more insidious form. We have a role in history to play to see off yet another ill-thought out plan of attack.

The Save Guy's Campaign concert took place at the end of last year. This was a resounding success. Many were deeply touched by the sentiments echoed by those who participated. The campaign office is hard at work as the consultation period progresses; the mood is defiant. The effort which has been put into the Campaign thus far is truly astounding, and the resilience of those involved again must be recognised. It is safe to say that without their efforts Guy's would not be functioning as long as it has been.

Complacency must not set in on the part of you the reader. The end of the consultation period draws ever closer and you the reader have an important role to play in history. Letters to your MP especially if in a conservative marginal seat would definitely help.

Being linked with Guy's, whether it be through training in the fields of medicine, dentistry or nursing or other diverse aspects of the hospital you become inevitably attached to its history, a history which extends well over 250 years. You are now in a position to attempt to shape the future of this institution. Let us hope that we continue for well over another 250 years.

## General Practice

Dear Sir,

A firmly held attitude is often revealed by a stray remark. On reading your recent feature 'What makes a cardiologist tick' I was interested to find that Dr Qureshi came so near to being lost to Guy's and Paediatric Cardiology when he remarks that after 13 rejections he 'seriously considered forgetting hospital medicine and becoming a GP'.

Years ago, when I was a student at Guy's, General Practice was indeed perceived as the last resort for those who 'failed' to get anywhere in hospital medicine. I find it amazing that in these enlightened times this attitude lingers on. Twenty odd years as a GP have only served to reinforce my own belief that general practice is the 'sharpest' end of medicine, the most intellectually challenging and the most rewarding. Even now, when GPs are having to absorb a particularly bewildering succession of changes imposed by bureaucrats and stress amongst GPs is greater than anywhere else in the medical profession, young doctors are still making general practice their first choice. There may be fewer of them, but their quality and commitment remains high.

It will be interesting to see if those still holding the view expressed so inadvertently by Dr Qureshi have an

enforced change of mind after the introduction of rigorous summative assessment in 1996, all elements of which will have to be passed at an agreed national standard before a doctor is certified to practice unsupervised as a GP. Will our 'failures' then have to retreat into hospital medicine?

Yours faithfully

**Dr Ann Orme-Smith FRCGP**  
Course Organiser, Epsom GP VTS  
Chairman,  
Association of Course Organisers

## Philip Helliwell

Dear Sir,

Many have been extremely disappointed not to see a proper obituary published in the British Medical Journal on Dr Philip Helliwell who did so very much, not only for Guy's, but for the medical profession as a whole. His work setting up the 'Sick Doctors' Scheme', as well as his enormous contribution to the Royal Medical Fund, will long be remembered as very valuable, and entirely voluntary, contributions to the profession. He also, of course, played a seminal role in the building of the Guy's Tower.

Unfortunately the BMJ received the obituary a short while after a deadline of three months. This dead-



line was little known and poorly publicised at the time.

Despite the approaches of a number of people, the BMJ remained quite inflexible, which I find both disappointing and insensitive, particularly

bearing in mind both his major contributions and his son who is also in the profession.

Yours faithfully,

**Professor JAH Wass**  
Dept of Endocrinology  
St Bartholomew's Hospital

## Guy's Hospital — 250 years

Have you ever wanted to know more about the history of Guy's? What was student life like in the nineteenth century medical school? What happened in the Residents' Plays of the forties and fifties? How about nursing, midwifery, the Wills Library? Or the early days of X-rays?

This 240 page, illustrated paperback gives a history of the achievements in every field of Guy's life for the past 250 years, and is available for only £2.95, including postage and packing, from the Gazette office. The book makes an ideal gift, and only a limited number is available.

Please send cheques or postal orders, made payable to Guy's Gazette, to Guy's Hospital — 250 Years, Guy's Gazette, Boland House, London SE1 9RT.

## ***Save Guy's Campaign***

Alternative proposals for the future of Guy's Hospital which have the unanimous support of the Campaign's member organisations and groups.

Our proposals are made in the belief that they are better, in terms of quality and care, clinical and management coherence and affordability, than those proposals from the Trust which are now out for consultation in the Commission's document.

**I) 'Save Guy's - Save Lives - a future for Guy's and St Thomas' Hospitals'** published by the Save Guy's Campaign, November 1994.

The Campaign document sets out the Save Guy's campaign objectives, principles and main proposals for the future of the Guy's and St Thomas' Trust. The most important of these are:

1. the retention of Accident and Emergency Departments on both sites,

2. the retention of inpatient beds on both sites,

3. the full use of Philip Harris House as originally intended, and

4. the organisation of services across both sites to allow maximum use of resources and based on the following nine criteria:

- i) no reduction in quality of care and services provided;

- ii) a quality of services always sufficient to meet public need;

- iii) immediately, a moratorium on any further bed reductions until the current bed need has been agreed; for the future, a guarantee that the number of beds available should always be sufficient to meet whatever is then agreed as the current need;

- iv) no reduction in tertiary or specialist services;

- v) an organisation of the services of the Trust determined by need and not finance;

- vi) respect for patient choice, with the the retention of particular units where there is strong patient need and support for the type of service provided;

- vii) genuine public consultation on every proposed individual service change or move;

- viii) maintenance of adequate resources on both Guy's and St Thomas' sites to ensure the continuance of two viable and coherent hospitals, with any financial savings achieved from rationalisation used to improve services within the hospitals, and

- ix) an urgent review of both hospitals' capacity to meet the needs of their elderly and mentally-ill patients.

We believe that for any proposed new arrangements for Guy's and St Thomas' to be acceptable, they must facilitate the highest quality patient services and be clinically and man-

agerially coherent. Most important, any such proposal must also be acceptable to the public.

## II) The KPMG Report

The Save Guy's Campaign is also submitting the KPMG report which we commissioned. The Report is the only full and independent analysis of all the data and argument so far completed since the strategic announcement last February. We believe that, although the Report is not the formal view or proposal of the Campaign and although the Campaign has fundamental objections to some of the KPMG conclusions, its work and conclusions are obviously relevant to the public consultation launched into the future of health services in our area.

Of the options identified in the Report, the Campaign rejects Option B as it does not meet the criteria we set out above, and because only Option A includes the retention of the Accident and Emergency Department which the Save Guy's Campaign believes is crucial to the future of Guy's Hospital and its community. We also strongly oppose the linkage between Option A and Option B because we believe that Option A should only be considered on a stand alone basis. In addition, the Campaign does not endorse Option A in its entirety; in particular (i) we believe that the organisation of specialist services should be carried out on the basis of the criteria set out above (ii) we do not

accept any proposal that results in a loss of capacity, which in effect means a loss of beds, and (iii) we do not believe that it is right to draw conclusions here and now about the number of jobs, as the number of jobs must be determined only by workloads and patient need.

In spite of our reservations about the KPMG Report, the Campaign nonetheless believes that the Report gives fundamental and conclusive support to the proposal that a proper two site option rather than a principally one hospital site option is the best way forward for the Trust.

Even working within the financial constraints proposed by the Commission, which the Campaign rejects, the KPMG Report identified two alternative two site options, both of which KPMG consider to be clinically coherent and low risk. KPMG made it clear that the two options can be viewed separately or one can be viewed as a progression from the other over a period of time.

Both KPMG's options imply far less capital expenditure than the Commission's proposal. Because KPMG project a higher demand for Trust services and higher bed numbers than the Commission, this means higher inpatient activity and thereafter higher variable costs. In the KPMG Report, revenue costs over and above the Commission's proposal are mainly attributable to proposed higher activity levels. Both

KPMG's options make possible the accommodation of UMDS/KCMDs and KCL. In addition, nowhere do KPMG accept the target reduction in staffing levels set by the Trust.

The KPMG Report provides support and evidence for the continuance of fully functioning hospitals both at Guy's and St Thomas'. For many people, KPMG's Option A, even with the qualifications and reservations expressed above, would far better preserve many of the valued services threatened by the Commission's proposals.

In conclusion, we should add that we expect to make one or more response to the Commission's Consultation document 'Looking to the Future' later and at the same time submit a comparison between the Commission's proposals and the proposals of members of the Save Guy's Campaign.

Simon Hughes MP  
Tessa Jowell MP  
Roger Sims MP

## ***Service Resumes in Guy's Chapel***

Services have been resumed in Guy's Chapel following a £78 000 refurbishment funded by Guy's Special Trustees.

The chapel, the only 18th century hospital chapel in England, has been completely redecorated in a new colour scheme which highlights some of ornate plaster work on the ceiling. There is a new lighting system which includes floodlighting for the statue of Thomas Guy and for the new altar. The chapel's Victorian heating system has also been updated.

The reopening was celebrated with a special Songs of Praise service attended by staff and friends of the hospital.



## ***Shake-up sought in renal services***

Expansion of renal services has been recommended by Government-commissioned auditors.

Their proposals follow concern at the inability of current services to cater for an increasing number of patients with end-stage renal failure.

The audit shows wide regional variations in treatment and it finds people from ethnic minorities are three times more likely than Caucasians to need renal therapy.

It recommends expansion of renal services in the community, creating smaller units that are easily accessible to elderly or ethnic populations.

From next April renal units will be responsible for securing their own funding.

Professor Stewart Cameron, head of renal medicine at Guy's Hospital and a clinical advisor to the Department of Health, said the audit showed the traditional pattern of hospital-based care targeted at the young was inappropriate. The findings showed that 97% of patients with end-stage renal failure lived in the community and half were aged 60 and over. The audit covered every patient who received renal treatment in England between 1991-93.

**Hospital Doctor**  
8th December, 1994

## ***Poisonous Plants Computer Wins***

The PLATO-UK (PLAnt TOXins) system, developed jointly by the National Poisons Unit at Guy's and St Thomas' Trust, the Royal Botanic Gardens, Kew, and System Simulation Ltd, has been announced as a winner in this year's prestigious British Computer Society's Information Technology Awards.

PLATO is an interactive, image-based, computerised aid for identifying toxic plants and advising on treatments to counter toxins. It is designed for use primarily by medical professionals in Accident and Emergency Departments.

# Concert for Guy's

*In Southwark Cathedral*

**M**r Guy was never a miser. That's a calumny invented by erstwhile mischief makers who were jealous of his uncanny gift for making money grow to the extent that he could endow a hospital to open a year and a day after his own funeral. He never enjoyed a stroll through his finished building. The probability is that he never set foot in Southwark



*'Thomas Guy outside Southwark Cathedral'*

Cathedral either. He was a dissenter. All the more ironic that one evening in November his spirit pervaded its precincts, exhorting his modern day friends to empty their pockets of the coins sorely needed to prevent Guy's Hospital from becoming a spirit of the past in like fashion, lost to future generations except for the legend of its greatness.

After 270 years serving the local community, creating an international reputation for excellence and overcoming several attempts at closure from financial strangulation and world wars, the latest enemy is *rationalisation*. This is a euphemism for the political conjuring trick which cuts in half any parts working well, to try out others which are neither tried nor

tested, which may or may not function at all, let alone better. The equally cynical response to this is, *'Progress is change that suits me. If you don't like it, you must be mutaphobic!'*

Since February 1994 the Save Guy's Campaign has been fighting proposals to close almost all the in-patient beds and the Accident and Emergency. At the end of the battle, win or lose, nobody deserves more praise for her selfless

dedication to the campaign than Gay Ogg, who organised the concert in Southwark Cathedral to honour Thomas Guy and his hospital. She is the wife of Chisholm, the well known kidney mogul at Guy's. Her inspiration created an evening of value for money entertainment which helped swell the funds by over £9,000. The funds have already been used to gather irrefutable evidence there is a need for an acute hospital with an A&E right on site where we are today.

John Kelley began the Concert with a Trumpet Tune by John Stanley. He was accompanied by Peter Beaven on the organ. Following this impressive introduction, Canon Roy White, Vice-Provost of Southwark Cathedral and a Patron of the Campaign reminded us of the long historic association between Guy's and the Cathedral.

The mainstay of the evenings presentation was the Linden Wind Orchestra, formed in 1984 with 45 members all giving their services free. They have won prestigious past awards, appeared on TV and devote themselves to high quality live performances with proceeds donated to charity. Roger Phillips their conductor, a New Zealander and former Coldstream Guards clarinetist, developed the orchestra after leaving the army. With the excellent support of the leader of his orchestra, Roger Flaxman, the calibre of their expertise was clearly evident. Their display of attentive enthusiasm was a tribute to the exuberance of the conductor.

*'John Kelly began the Concert with a Trumpet Tune by John Stanley.'*

Unfortunately the echoes from the lofty heights of the stony cathedral did present a few problems. At times even the players themselves apparently had difficulty in hearing each others notes. The overture to the Magic Flute probably suffered most in this respect because the genius Mozart composed this work with strings and for the acoustics of Schikaneders Freihaus-Theater in mind.

The resonant grandeur of Southwark Cathedral, normally so inspiring in church music, did tend to detract from the crispness needed in some passages of this overture. But it was well received and a promising start to the evening. Since it was my request anyway, it would be churlish to criticise the players for the adverse conditions after their agreeing to indulge my passion for anything Mozartean.

Martyn Read, the actor playwright, bewigged and costumed, who played the ghost of Thomas Guy from the pulpit throughout the evening, was perfection. He took a script of historical accuracy from Rod Cawson and turned it into a masterpiece of entertaining propaganda. Martyn has appeared

in many well known television productions and written quite a few himself. His potted history of Guy's Hospital was full of interest laced with snippets of fun. His contribution was in part gratitude to Guy's for the service he and his wife had received from the Special Care Baby Unit. Gay Ogg was indeed fortunate to find such a gem for this role. Visibly, it was not the actor but the man within who spoke with such emotion when he challenged the idea that any mortal would dare to undo all that had been achieved here in the last 269 years. Then reverting to his portrayal, it was Thomas Guy himself who angrily promised that he would be back in another 269 years from now and damned well expected to find his hospital still flourishing. Those words received the loudest applause of the whole evening.

The pulpit is a good place for gathering the rewards of preaching to the converted. So he urged us to give our money generously to Guy's for the campaign. On the current understanding it was better for Guy's to receive and you to give. *Dare Quam Accipere* gave way on this occasion to *Accipere Quam Dare*.

More music followed from the orchestra. Tchaikovskys *Marche Slav* with its rich orchestration for a fuller group of instruments lost nothing in this stimulating performance. Similarly with Mendelssohns *Ruy Blas*. The warmth and ardour of his music was sometimes more volcanic than Romantic and the Linden Wind Orchestra took advantage of the variations in this Concert Overture to display their command of both. Incidentally, Mendelssohn was the first conductor to make use of a baton to control an orchestra.

Bob Knight, the doyen of senior physicians at Guy's spoke with his usual inimitable eloquence on behalf of the Save Guy's Campaign. His sartorial neatness, in sharp contrast to the flamboyant costume of Thomas Guy, helped to underscore the need for his serious message. He reminded us of all the previous attempts which had



'Thomas Guy from the pulpit'



failed miserably to close Guy's. Even the air raids of Adolf Hitler never stopped those Guy's men and women who were determined to stand by and continue serving the community in spite of constant bombardment. Bob was not alone in deploring all the political arguments put forward for closing Guy's. All three local MPs, Simon Hughes, Tessa Jowell and Roger Sims were united in supporting his plea that everyone behind the campaign should sign the petition, write to their own local MP (especially if they are holding a marginal seat!) and of course write to the Secretary of State for Health, Virginia Bottomley MP. As Bob pointed out, tell them that enough evidence had now been gathered to prove that a decision to close would be totally unsound, unjustifiable and even uneconomical.

Arwel Huw Morgan the bass-baritone and National Eisteddfod winner from Swansea who sings with both the Welsh and English National Opera, filled the cathedral with the fine timbre of his voice. The enchanting voice of Ann Lewis accompanying him in the duets doubled the pleasure. With a programme previously mapped out for somebody else to sing, they were brave to accept the challenge of singing those songs from *Porgy and Bess* which had been arranged for Willard White to perform.

Willard the rumbling international operatic star is identified as the definitive Porgy. He is also a Vice President of the Friends of Guy's, has endowed a bed in Patience Dental Ward and had promised it would be his pleasure to perform at the Concert, if commitments permitted. Alas, on the day we wanted him, a heavy rehearsal schedule at the Coliseum, preparing for his leading role in *Khovanschina*, was considered too demanding by the shows director to warrant releasing him for the evening.

*'As I took in the words of his song, I looked across to see Sir Philip and Lady Harris in the audience and wondered what might be going through his mind.'*

A fuller range of Arwels dramatic and vocal ability was heard and seen to better advantage with the solo he chose for his encore. *If I Were a Rich Man* is usually identified with Topol in *Fiddler on the Roof* but there was nothing lost in this interpretation. The clarity of his voice with its adroit inflection was a hallmark of his professional calibre.

As I took in the words of his song, I looked across to see Sir Philip and Lady Harris in the audience and wondered what might be going through his mind. We had already exchanged a few words during the interval when he clearly expressed his disappointment with the latest political shenanigans assaulting

Guy's. Like Lord Nuffield, one of our earlier philanthropic benefactors, here was another rich man who had more recently been able to do magnanimous things for Guy's only to see his generosity abused.

We thought the evening had come to an end with the Saint-Saëns *3rd Symphony*, arranged by Trevor Sharpe for wind orchestra with its exciting extremes, sonority and *Finale* crescendoes. But we were yet to be treated with an exhilarating encore of a Strauss Selection before waltzing off homewards, thoroughly satisfied we had enjoyed our moneys worth.

Many, many people were involved in the success of this recital. There was the Concert Manager Simon Friend, Andy Hutchinson who managed the lighting and others who quietly but energetically sweated behind the scenes, or individuals perhaps selling tickets, small groups and larger organisations who donated hundreds of pounds. These are just a few of the many whom it is invidious of me to single out. But you may be surprised to know that the food and drink enjoyed between times on that night was freely donated by *A Piece of Cake* from the Guy's campus. For me it would have been a privilege just to act as bellringer and call the congregation back to their pews but thank you again Gay Ogg for also giving me that walk on part, even if I did have to hump that grand piano on and off with me each time.

## EPILOGUE

Two days after this concert, on 11th November, there was a Service of Remembrance in the Chapel to honour those who served Guy's in time of war and who made the supreme sacrifice. They gave their lives to enable us to keep ours. Following that service, we proceeded to the Memorial Arch, resited in the Park because its earlier position in Great Maze Pond hindered access by fire engines. The unveiling of the plaque engraved by Declan Anderson for the rededication ceremony was performed by Kenneth Maclean. The arch has been cleaned and looks imposing in its new surroundings, as befits a monument of such importance. Imagine then my inner satisfaction to overhear someone saying: *'What a fitting gibbet for all those little people plotting to close Guy's!'*

**Mike Maberley**

School of Dental Hygiene  
Guy's Tower

## Campaign Address

*Given by Dr RK Knight at the Save Guy's Campaign concert*

**I**t is very appropriate to be here tonight listening to lovely music in this great church because this is where it all began. The tradition of caring for the sick who live south of London Bridge, either close to it in Southwark, or travellers from far away, was started from this site by the monks of Bermondsey over 800 years ago. Since that time two major attempts have been made to destroy a hospital here in the Borough. First it was Henry VIII, more recently it was tried by Adolf Hitler. The response on both these occasions was the same. The staff of the hospital and the local people came together and saved it.

Amazingly it is happening again, but this time it is our own Government who, perversely, in a process they call 'Making London Better', are proposing to close Guy's Hospital. They do not admit this, but closing the Accident and Emergency Department and transferring all acute services, and the specialist departments to St Thomas' Hospital means the closure of Guy's as we have known it. Of course it is not surprising that those of us who work at Guy's, our patients, the local community, local members of Parliament (from the three major parties) and many right-thinking people from far afield, are absolutely certain that Guy's should be saved, and with the help of our friends it will be saved.

We are about to enter a period of consultation over the next three months. During this time the public, and all interested parties, will be asked for their views - not precisely on the proposal made by the Secretary of State, but one which is very similar to it and differs only in some minor, and largely worthless, modifications.

The Save Guy's Campaign has an alternative proposal. Broadly, we say that it is essential to maintain an Accident and Emergency Department at Guy's and the necessary acute services to back it up. We also believe that internationally famous specialist services of the Trust should be in Philip Harris House, where it was intended they should go, and which has cost £150 million to build. We believe that these arrangements would be cheaper, safer, and medically much more sensible. We have commissioned a well known firm of manage-

ment consultants to undertake an independent and objective study for us. Their report says that our proposal is affordable, much safer medically, and can be achieved rapidly.

How can you help? First, as the Vice Provost indicated to you earlier, you can sign petitions, and ask others to do so. We now have over 950,000 signatures, but we need a million. Secondly, please write to your Member of Parliament, particularly if he or she is a Conservative Member of Parliament in a marginal seat. There are of course now a good many more of these than there used to be. It would also be helpful if you would write to Mr Ian Mills, Chairman of the Lambeth Southwark and Lewisham Health Commission which is responsible for the consultation process, to Lord Hayhoe the Chairman of the Guy's and St Thomas's Trust board, and to Mrs Bottomley.

Lastly, by being here tonight, you have already shown your interest. Thank you very much for coming. Please tell your friends that we need their help too.



## Three Memorable Mids

*A labour of love*

**I**n 1927 I had the good fortune to be appointed Resident Obstetrician to Mr Harold Chapple, the senior obstetrician at Guy's. He was an Australian who remained in England and became a very fashionable accoucheur in the West End of London. It was a great pleasure to work for him and he was very kind to me.

One day when I was 'on take' RO, a poor woman who had been in labour a very long time was admitted to Victoria and when I examined her it was only too obvious that she had a dead baby - there were no fetal movements and no heart sounds. In my opinion there was too much disproportion to attempt a forceps delivery so I tried to get Mr Chapple's registrar, but he was not to be found. This was unusual because he was a most conscientious man and what was more I could not locate any other registrar and indeed no other consultant. So there was nothing else to do than to telephone for Mr Chapple and by great

*'You did that beautifully Mr Weston'. I thought that 'beautifully' was not a fitting adverb to use.*

good fortune he was at home. I told him what a predicament I was in and he said 'Well, Weston, you must do a craniotomy'. I explained to him that although I know about the operation I had never seen it performed. 'In that case', he said, 'I will come myself.'

When I told my son-in-law of this many years later he was amazed and said that it could not possibly happen nowadays. I must add that he too is a Guy's man.

So we got the theatre ready in Victoria and I asked my colleague Russell Claude Brock to do the anaesthetic and we awaited the arrival of Mr Chapple. When he arrived he washed up and told me to get on with the operation. He was to be my dresser.

With much trepidation and with great care I perforated the skull of the dead foetus and then crushed the skull with the cranioclast and extracted the mangled body. I felt very sad and I was somewhat surprised when Sister Victoria, a charming young woman, said 'You did that beautifully Mr Weston'.

I thought that 'beautifully' was not a fitting adverb to use. However I was glad that the sorry state of affairs was over.

It must be quite unusual for a house officer to perform an operation of which he had only read and to be assisted by a Senior Consultant.

When my time in the ward was over I became Extern Charity, and my duty was to go to the assistance of any extern who had any difficulty with the labour that he was attending. He would be assisted by one of the local 'Gamps' but if their combined skill and knowledge could not cope it was a job for the Extern Charity. It was in this wise that I was initiated into the bugbear of a GP's life on night call.

I remember well on one occasion when I was called out to a case of retained placenta. The Extern had squeezed away and I had done the same with no success and I decided that there would have to be a manual removal. They say that fools rush in where angels fear to tread but after all we were provided with the apparatus for a manual removal which included a nozzle on a rubber tube attached to a funnel. All this paraphernalia had been sterilised and packed ready for use. The procedure was for the operator to inset his sterilised gloved hand into the uterus and remove the placenta by a sweeping movement. When this was done one had to irrigate the uterus by putting the nozzle into the uterus and pouring in through the funnel a diluted volume of Dettol. This solution of course had to be sterilised and this was done by boiling the diluted liquid in the household kettle which had to be fairly large.

I had to call out my fellow RO, Skipper Roche, a delightful New Zealander, who was a bit dubious but all went well and we soon had the mother tucked up in bed. This was all done in the small hours of the morning and the grateful family asked us if we would like a cup of tea. We answered 'Yes'. That cup of tea was prepared in the kettle which had boiled the Dettol and I shall never smell Dettol without remembering that cup of tea!

After leaving Guy's and having done a locum in Mitcham I began to be a General Practitioner in Southend-on-Sea. When my employer thought that I was suitably broken in he went on holiday and left me in charge of the practice. Before he left he told me that if I had any trouble that I should call in Doctor X as a second opinion. One evening I was called to a maternity case. I must

*'That cup of tea was prepared in the kettle which had boiled the Dettol and I shall never smell Dettol without remembering that cup of tea!'*

make it understood that in those days an expectant mother booked a doctor to attend her at her delivery and an unqualified woman to assist the GP or she might book a qualified midwife. It all depended on the family's affluence.

One evening I received a call to one of my principal's booked cases and when I arrived it was plain to see that the family was not impressed. Instead of the man they knew so well, came a complete stranger. I am a small man and have always looked much younger than I am and it was quite clear to me that they were concerned.

The woman had been in labour a long time and it was a first pregnancy so one can easily understand the concern that they were experiencing. I examined her and made a vaginal examination and as I had almost feared she was only half dilated and I had to tell the family that things were still a little early. After

*'In actual fact my temporary departure was just a ploy to spin out the time.'*

a little while I told them that I must go back to get some chloroform. That was the anaesthetic that we carried as a routine. If longer unconsciousness were needed we would carry on with ether. In actual fact my temporary departure was just a ploy to spin out the time. In a short while I returned and although the cervix was still not fully

dilated I had my forceps boiled. And then I was struck by a wonderful idea. I was in trouble so I thought I will call in Dr X. To some extent this was another ruse to gain time but of one thing I was sure I was not going to put on forceps before the cervix was full.

In a little while Dr X arrived and the family was obviously happier. He examined the young woman from underneath a blanket for propriety's sake and then he asked for some Vaseline. I wondered why and then it was clear. He smeared the blades quite liberally and put them on the baby's head and extracted a living child. Did she develop sepsis? No, all went sweetly as wedding bells.

And to conclude my story of the Vaseline, when the young mother became pregnant of her second child she booked me to look after her!

**JG Weston**  
Essex

# Welcome to Freshers' Week 1994

*A theatrical caper*

**T**he first night in Freshers' week brings together a number of characters. Let me give you a brief introduction to a few selected ones:

## **Act I Scene I : A table at the bar**

Students are getting acquainted.

1. Ms. *Very Loudmouthed here to make a name for herself* fresher.

2. Ms. *Every mouthy girl needs a less mouthy sidekick* fresher.

3. Mr. *Quiet Life* fresher.

4. Mr. *Coke drinker* fresher.

5. Ms. *Innocent* fresher.

6. Mr. *Sharker/Flanger* non fresher.

7. Mr. *Heavy beer swilling rugby lad private school type* fresher.

8. Mr. *Feeling very small and uncomfortable because he's on the wrong table* fresher.

9. Mr. *Insecure alias Mr. Cool* fresher.

10. Mr. *Chairman* certainly non fresher. The initiator of drinking games, the giver of penalties, a beer monster, the father figure.

Of course not all of you freshers will fit into these rather limited, stereotypic, grossly oversimplified headings, although some will.

## **Act I Scene II : A table at the bar**

Some students are feeling rather queasy/sick and are departing/ departed. All that remain.

1. Ms. *Very Loudmouthed here to make a name for herself but now very dizzy* fresher.

2. Ms. *Every mouthy girl needs a less mouthy sidekick but now very dizzy* fresher.

7. Mr. *Heavy beer swilling rugby lad private school type* fresher.

9. Mr. *Cool but very dizzy* fresher.

10. Mr. *Chairman* certainly non fresher. The initiator of drinking games, the giver of penalties, a beer monster, the father figure.



**Act I Scene III : A room at Wolfson House (student hostel)**

Enter *Ms. Innocent* fresher and *Mr. Sharker/Flanger* non fresher.

*Ms. Innocent*: Would you like to come in for a coffee?

*Mr Sharker*: Or something.

**Act II Scene I: Several fresher rooms at Wolfson**

The Beer Monkey © 1994 has given each and every one of them a mighty big kicking the next morning and they feel very hungover.

*All freshers together*: I feel very ill.

End

Now that everyone is acquainted with the freshers we move on swiftly to the important evening events.

**Cobham Carnage Night**

During the day freshers were given an opportunity to display what sporting abilities they had left after the previous day's Freshers' Fair and Blues Brother's night which were both an alarming success. Some took part in trials, others were introduced to a new sport of their choice. In the evening people made a concerted effort to travel to Cobham for fun and games- coaches were provided to and from Guy's and Tommies.

A riotous night which started with people forming tables of drinking games resulting in antics ranging from hilarious to even more hilarious. There was a 'Gladiators' podium which provided some light entertainment- students masqueraded as Wolf, Trojan et al, knocking the stuffing out of each other with rubber clubs amidst shrieks of 'Contenders ready! Gladiators ready!'

Rows of students sat behind each other and prepared to pass After Eight mints down the line with their mouths, a kind of tag team race. The winning team was that which had some of the chocolate remaining at the end of the line. I shamefully confess that my team won. Needless to say things got out of hand and some teams were left snogging, attempting to pass imaginary After Eights (and social diseases). Nothing remains to be said of games inside except perhaps a special mention to Bog Berber who managed his own set of games in a Cobham bath.

Frivolities inside progressed to frolics in the bitter October chill and in keeping with tradition the Rugby team gave us a fine display of fine *tackle* and fine *tackles*. Then the gorillas ran off into the mist to have a male bonding session. Games outside consisted of running up to a stool 20 metres away, 'necking' a pint of beer on the stool, then encircling the stool 10x before attempting to run back in a straight line to tag your team member- a sort of

'run to the stool get tired, drink a pint get dizzy, circle the stool get dizzier, fall over' relay event.

As if all the fun and games weren't enough, there was music too and students danced their remaining energy away until the buses came to whisk them home in the early hours.

### **Schoolboy and Schoolgirl Hop (alias 'Dirty Old Man's Hop')**

Stripy school ties and blazers, white shirts, shorts, short skirts and pig tails adorned bodies lost in a sea of thick black sticky treacle.

The Guy's bar was packed with writhing bodies playing silly little games which demanded heavy weight beering, Smarties and social diseases akin to another rendition of 'Let's go to Cobham!' night. People had an excuse to act as children again and lost all sense of responsibility for another night. Fun had by all, a happy atmosphere with people still cultivating new friendships. Perhaps the **Beer Monkey** © 1994 reared its ugly head the next morning.

### **Katie Bray (fresher) on Honour Oak Park**

'It was a really nice day. The freshers took part in trials for rugby, hockey, football and netball. There were quite a few freshers there in the evening but a lot of people left early because they had been at the bar since five. By eight most people were returning to the Guy's bar but me and this other bloke were the only two freshers there.' Rather a poor fresher turnout or alternatively a day for rest and recuperation.

### **Kirsteen Kerrigan (fresher) on the Floating Ball**

'The floating ball was good value for £15 but I don't remember much of it. The boat could have been a bit bigger and a lot of my friends didn't manage to get tickets so maybe for next year there could be a bigger boat. Everyone was in high spirits because it was a good first time experience for a lot of people, they hadn't been on a boat party down the Thames before and it was a good excuse to get dressed up. It was an excellent night. There was an upper deck with lots of hiding places and I wasn't scared of falling over the side.'

### **Friday and we go round the world at Tommies**

For those of you so inclined who had the misfortune to not partake in this immensely successful night of depraved debauchery, I offer my sympathy, as it seems likely that the *powers that be* shall be stamping out any further wild, untamed behaviour which is (and some say should remain) part and parcel of Freshers' Week.

Let me begin by documenting a brief resume of the night. *Round the World* was the culmination of almost a fortnight of fun laid on mainly for freshers but also enjoyed by other partakers. Upstairs at Tommies bar was the Hop, downstairs Lusty's had a distinctly cosmopolitan feel. There were 7 countries each serving colloquial drinks to the hungry punters who were given a passport and bought up to 7 raffle tickets each allowing one drink. Mexico City served Tequila, Ireland served Baileys and Guinness, Italy served Sambuca, Australia Fosters (the Amber Nectar) and Aussies wouldn't give a Castle-maine XXXX for anything else, England did Pimm's, gin and bitter, and *the Waterloo arches down and out stall alias cardboard city* did Special Brew/Kestrel Super (I can't be sure which unfortunately!).

Get a flavour of what was going on? The general idea was to get your passport stamped. It can be said with some degree of certainty that the 'Beer Monkey' (©1994) gave plenty of people a big kicking the next unfortunate hungover morning.

Some may say that the organisers were to blame for what followed 'for they should know better', (having gone through it themselves when they were spring chickens may I add). But I shall let you decide. Depending on who you speak to (even committee answers differ), 8-11 students arrived at casualty suffering from alcohol intoxication, and of these 5-8 had an overnight stay. Some of the blame for this was apportioned on the organisers but people are responsible for their own actions and just supplying people with the means does not mean that they should be reckless. One can quite easily mix ones drinks at the bar and one often does.

Thus *Round the World* was the last straw for the authorities in a week which there were apparently 6 security breaches and countless complaints of unruly behaviour. Both Guy's & Tommies bars were banned from selling any alcohol for about a week and it was rumoured that spirits would not be sold until Christmas! Thankfully this rumour proved unfounded and spirits resumed selling only in single measures, 1-2 weeks after beers and ciders were sold. There was a stern warning for all students daring to further overindulge in any alcohol and a code of conduct was released by the authorities.

It is fair to say that along with the regular drinkers, the freshers suffered badly from this swift action. It is in the first few weeks that friends are made and a new student becomes used to his surroundings. In these early days the bar serves as a focus for socialising. If a fresher is deprived of the evening events he will find somewhere else to go, and the drinkers will find somewhere else to drink. It is fairly reasonable to suggest that the heavy drinkers guzzle pints of beer rather than spirits anyway, and so some may find it difficult to understand what an extended spirit ban achieved. Maybe one of the spirit

drinkers can enlighten me on this point. One cannot stop mass drinking by just closing the bar. But yes, it does serve as a nuisance and is unfair punishment to the large majority of 'friendly users' of the bar who had their early days of enjoyment curtailed. Who's to say that they were even to blame for the previous week's events? Nonetheless, maybe now the freshers will be a little more sensible since they have been punished, but I doubt it.

Now I think we've had enough of my summation of the events. Why don't we leave it to a fresher to have the last word.

### Joseph Footitt on Freshers Week

'Well it was an excellent way to get to meet all our friends. It was good for the bonding process to spend the whole time socialising. I hardly know anyone who didn't enjoy it and it's really good here. I think our Freshers' week was very well organised and there was definitely loads of stuff on. It was good that most people went to everything that was done and I think everybody had a favourite night. My 2 most favourite nights were the Schoolgirl/Schoolboy Hop for meeting other years and almost certainly the Floating Ball for meeting people from my own year. But also there were other good nights and they were good for different things especially the games at Cobham. The only night which was an absolute total waste of time was the Off-Limits theatre Co. at Tommies. It's much better to get a good comedian on to drag a few of the freshers onto stage and embarrass them, than having 2 strange women who don't know what they're doing talking about lesbianism. So that was the only night which was a disaster and everybody went out for a pint anyway. It's good to have quizzes and competitions because you get more camaraderie that way. The only thing about Freshers' Week was that there could perhaps have been an evening which didn't involve the bar as much. I'm quite happy with it as it was but there might be some people who didn't like to drink quite as much.'

No easy task for the organisers:

- The Committee ( too many members to name personally)
- JP Carpenter (Seymour)
- Horace Stott (Mr UMDS)
- Tom Whitcher ( appears courtesy of South London Press)
- Matt Lovell ( our ethnic minority)
- Anyone else I have carelessly forgotten to mention

Sanjay Varma



# The Last of the Chrissies Boys

*St Christopher's House*

If I had my way I would blow the place up....with you lot still inside! What is it about St Christopher's House that provokes such an outburst from the medical school?? Surely they don't mean it...or do they? To the great relief of the recently established 'Friends' and residents of Chrissies' trust, the epitome of UMDS hostels seems to have been given an eleventh hour reprieve from what seemed to be an inescapable closure.

Lurking beyond the back streets of Guy's, camouflaged within the carbon coated skyline is hidden one of South East London's finest listed buildings. From it's early days as a dark Victorian warehouse, St Christopher's or Chrissies as we know and love it as has undergone extensive periods of metamorphosis to become the student palace of today that we call home. What it lacks in finesse, beauty and architecture it makes up for in warmth, homeliness and life! Shouldering a gangland estate and in close proximity to a notoriously prominent 'Gunja Palace', Chrissies has not deterred those few brave individuals from taking up residence there. To those daring thirty individuals (commonly referred to as Bermondsey's dirty dozen) only one accolade is rewarding, that of desperation!

*'Lurking beyond the back streets of Guy's camouflaged within the carbon coated skyline is hidden one of South East London's finest listed buildings.'*

## **The Chrissies boys'**

So what about the myth of the Chrissies boys? Rowdy, arrogant, ignorant lunatics is often how they are referred to but more frequently they are portrayed as dismissive yobs who's ideas of fun boil down to being able to cause chaos, havoc and destruction. Likened to the Daleks of Dr Who, because of a

familiar Chrissies' motto 'Ex-tinger-wish! Ex-tinger-wish!', the boys boast a long list of misdemeanours which include fires, floods, police harassments and upsetting the odd consultant now and then. It is a well known fact that there are not many times in the year when order can be established from the otherwise prevailing chaos that normally fills the famous four walls of this unpopular Bermondsey dungeon. On the precious few occasions that peace is observed it is not only Ann who is appreciative but also those few local residents desiring a little community spirit.

*'Over the years many traditions have developed and it is encouraging to know that they are still being upheld.'*

Maintaining their little regard for others, these young individuals venture out in their white coats into the local community with a strong sense of pride, knowing that they are a selection of the Principal's finest! With such an enthusiasm to learn and practise what they have learned, added to their hectic social calendar these boys' don't claim their energy

from three Shredded Wheat, instead full credit is given to that golden source of energy.....the pint! It is of considerable interest to note that the Chrissies boys' don't actually have a 'local', since this term is usually reserved for one particularly preferred place of alcohol worship, at Chrissies every pub is a local!! Rumours are developing of a landlords' whip round raising money to build a bar within Chrissies itself. Although such measures are welcomed I fear that this will not provide suitable deterrent. Incidentally those thinking about Public Health projects might find it useful to monitor the incidence of liver cirrhosis amongst former Chrissies' residents.

Over the years many traditions have developed and it is encouraging to know that they are still being upheld. Of these antics, those centering on the famous car park seem to leap out, namely the 'Monday morning jam' and annoying the resident consultant (yes.....even the distinguished members of the hospital hierarchy have taken up residence here). The Monday morning experience outside St C's has got to be one of the most awful events any motorist will ever be faced with. Picture if you can the scene: it's 7am and very cold and foggy. Traffic is virtually at a stand still, pollution is high and the persistent sound of horns and revving motorbikes is unbearable. Just when you think the situation can't get any worse...the mass exodus of vehicles from Chrissies' car park begins! Accompanied by the signatory horn-hooting, ensuring nobody remains asleep, the first car emerges out with it's full complement of lights activated awaiting the generosity of one courteous driver who

will let him make his exit. Once this initial stage is complete, the customary hold up of traffic begins, one by one the other cars follow suit, much to the dismay of the whole of Long Lane. Flippant in nature and arrogant in attitude after this daily removal ritual, the boys return back to their beds asking themselves 'was it worth getting up so early to move my car, just so that the twat at the end could get to Tommies?' Asleep once again the boys look forward to their next awakening.

Friday evening provides another occasion for considerable humour, since it is then that the residents incur their weekly violation of the dictatorial consultants regime. Overlooked by the words 'No parking in front of these doors', the garage forecourt forms the ground for an impending futile battle between the 'hospital Golliath' and the 'Chrissies David'. This hot-spot can be viewed as being riddled with double-yellow lines and red route demarcations under the constant supervision of a friendly traffic warden, since parking here almost certainly leads to big trouble and on occasion removal of your vehicle.

'Can't you read? Don't you know I need access to my garage?' These are the cries of anger that echo inside as the rampage through begins to bring to justice the culprit responsible for over-extending his meter time. Who is that soul who has plagued his clinical

career with disaster? The answer for the time being shall be withheld for we would not want to worsen this chap's future any further, now would we?

With all this outrage how is it that these boys are still alive? The answer is in chaos! A famous man while interpreting the chaos theory into layman's English said that chaos represented order in disorder and that chaos was a requisite in everyday life. So what is the order in the Chrissies' disorder? Who and not what should be the question, it is neither the domestic bursar nor the medical school, this immense task has been delegated to the person that we all love to hate...the *Gaulighter*. The chosen one, he out of all present has been nominated for his responsibility, attitude and foremost for his leadership skills, to represent Chrissies in times of crisis and regain calm when the storms are brewing. If you were to see the distinguished list of Gaulighters, you would snigger if not laugh at what has just been said since it is a widely held view that a fundamental criteria for holding the post is to be irresponsible with a foul attitude. (However, in this respect I can only account for my two predecessors and myself). Larking aside, there are a few good things to be said about the lads and as the last Gaulighter of the Chrissies' boys it gives me great pleasure in honouring those distinguished individuals that have done Chrissies proud.

*'With all this outrage  
how is it that these boys  
are still alive?'*

Their successes range from passes with honours in MBBS and BDS to first-class passes in difficult BSc's, these efforts culminating in numerous prized campus-based pre-registration posts. We have even had a number of residents representing the college abroad at scientific meetings and in educational exchanges. All in all I think it is fair to say that these boys have the looks, the wit and the brains even though they may lack charm.

We have now come to the end of an era; along with some of our oldest traditions, the foundation of these traditions is being demolished. St Christopher's House shall cease to be known as the home of the Chrissies' boys! From 1995, Chrissies shall re-open as a multi-sex hostel, thus opening a new chapter in its long standing history book. So it is with deep regret that I make the first announcement of the Last Annual Chrissies Boys Dinner to be held in February of 1995 at the same location as the memorable first one....Lahore Kebab House! Finally, as in all great battles, it is up to us the last of the Chrissies' boys to accept defeat gracefully and bow down to the medical school. Cheers boys and carry on doing us proud!

**Rikin Trivedi**



'The last of the Chrissies boys'



## **Short Stories**

Not surprisingly Theodore Dalrymple is only the stupid pseudonym of the author of this new collection of short pieces of writing which make up the new book, **If Symptoms Persist...** (Andre Deutsch £8.99). The author is a doctor who has worked in both hospital and prison service medicine and this work has inspired these stories. His articles have appeared consistently in the Spectator magazine over the years. The book consists of a large number of short essays re-living different 'humorous' moments from Theodore's hilarious career. Some of these little gems are accompanied by illustrations by Nick Newman: the cartoons are quite witty and in the normal sort of light hearted newspaper style. The style of the book and the text is typical of this sort of anecdotal writing. Stories are short and quick to read but I am afraid that even though the publishers 'defy us not to laugh' it is not that difficult: deep sedation was not necessary. If you are sort of young chap who can think of nothing better than relaxing at your club with the 1889 editions of Punch and laughing yourself in to a coma at the merest glance at the first page of the London telephone book then this is for you. If, on the other hand, you like your jokes funny then maybe you'll be better off with your old 1000 Biggest Book Of Jokes Ever.

Richard Littlewood

## **Metabolism**

The 'At A Glance' series of textbooks has recently been extended with the publication of the new **Metabolism At A Glance** by J Salway (ISBN 0632032588 Blackwells 1st edition, £9.95). You may have seen other titles in the 'At A Glance' series including the clinical pharmacology title.

What is the verdict on the new 'At A Glance' book? The evidence: this book is large - it is bigger than A4 size. It is full - the pages are jam packed with metabolism's very own icon: the flow chart. Pathways galore feature here. All the topics in biochemistry and metabolism a student might meet are crammed in here. Each topic is covered in a double page spread feature; normally one page is given over to text and summary diagrams and the other has the flow chart relevant for that subject. Pretty much everything that could be stretched or squeezed into a flow chart has been. From the old favourites like Krebs and the Urea Cycle to the little known, but up and coming, purine synthesis chains. Some of the pathways are clear and well presented but some make reading the London Underground Map through a lead screen look easy.

The book is more detailed than a 1000 page guide to a match box and its large open map format makes it easy to follow the molecules of your choice without too much difficulty.

The comprehensive coverage maybe useful for revision and exams requiring more detailed knowledge of the molecules and substrates involved in many of the common biochemical reactions (such as the USLME).

The book really has that 'won't fit on your desk' format which is guaranteed to annoy. The grey wirey dia-

grams are certainly not for quick, emergency late night revision and some of the text is rather brief and possibly short on the important, and possibly more interesting physiological side. Biochemistry can feel a bit daunting for the uninitiated and this book 'At A Glance' will not make it easier.

Richard Littlewood

## D E N T A L N O T E S

### ***Dental Society Clinical Day***

**Saturday 4th March 1995**

This year's programme starts at 9.30am with the Herbert Memorial Lecture, given by Mr Nicholas J Capp entitled 'Restorative Disasters - Do we need practice based specialists?'. The lecture is followed by a series of trade and staff demonstrations, covering many aspects of clinical dental interest. A treatment planning table clinic is including and visitors are invited to bring the records of cases they would wish to discuss with Consultants from the Unit of Restorative Dentistry. The final lec-

ture at 12.35pm, given by Mr Don Gibb, is entitled 'Cases You Have Referred!'.

This major Guy's dental alumni meeting is open to all dental surgeons and members of their team.

Further enquiries, please contact:

Mr LA Usiskin  
Dental Sub-Dean  
Medical School  
Guy's Hospital  
London SE1 9RT

## ***What are you worth?***

The vexed question of nurses pay is under review again. Do you think your pay is adequate? If not, how much more would you award yourself? What about performances related pay? What about local pay bargaining?

Readers of this column, who know of my early retirement, may think these questions no longer of any personal import to me now. But that is where they are wrong: I do still find employment as a nurse, and some of that time is with your neighbour in Optimum Trust - which provides community care, plus the Well Men clinic to which I was attached, for the district by which Guy's is surrounded.

When a prominent figure of government retires they often find lucrative posts either in industry or on boards of public bodies. My withdrawal from the Guy's scene was also accompanied by an offer I could not refuse; though I understand the remuneration will not take place in this life! I was invited to join the Committee of the Nurses Fund for Nurses. This is a small voluntary fund which seeks to help poor, elderly or disabled nurses with special grants to improve the quality of their life. Even today, with whatever the State may offer, there are many who find themselves in dire circumstances, often after a lifetime nursing the sick. Inciden-

tally, the fund always welcomes donations, which may be sent to the Nurses Fund for Nurses at 1A Winders Road, London SW11 3HE.

But for those still relying on full-time employment for their pecuniary requirements, I must quote the Chief Executive of the NHS, Alan Langlands: only 11 trusts have abandoned Whitley Scales - the nationally negotiated scales for pay and allowances. But this number will increase, dependent on local circumstances. Of course, there has been an element of local pay differential for many years. The 'London Weighting', has been a small recompense either for the higher cost of living in the capital than elsewhere in the country, or a carrot to encourage staff to work in an area that has recruitment problems. Anyone who really wants to see more of their pay in their own pocket, must, naturally, be told to seek advice from Mr Ken Dodd.

Local pay is not to be confused with performances related pay (PRP); though the two may be related. If performance is based on a local league-table position of success - be that increased quality of life or decreased quantity of death, then individuals may see this as unfair, and not too different from 'local' pay. Individual performance for a particular nurse may be difficult to estimate. There are too many subjective variables. We do not earn 'commission' as a salesman or accountant may see it.

In old Babylonia physicians who lost a patient had a hand chopped off - so I'm told - that was their PRP - performance related pain. Inevitably there have always been some nurses who are deemed 'Better' than others, and are rewarded via the promotion ladder. This in itself may not get things right. For the nurse who remains 'clinical' or 'bedside', there may be less chance of climbing the ladder. So far PRP seems to be a lost cause.

Chris Cardwell, Secretary of the Nursing & Midwifery Council said: 'I think we have won the argument over the unacceptability of PRP. I think the DoH now finds it impossible to sustain their proposals'.

But this mood may not last if trusts do decide on more local pay bargaining. Even at the present, the pay claim is way above the officially quoted

level of inflation. But if there are insufficient numbers of nurses available to fill vacant posts, will this be a good enough argument to pay nurses more than the current inflation rate?

I note that one trust has taken on the selling of National Lottery tickets. This gives their income a boost, as 5% of each ticket sold goes to a retailer - in this case the hospital involved. Nurses will buy tickets in the hope of winning in the lottery - thus providing the chance of winning a fortune, presumably leaving the profession, and increasing their misery, in one fell swoop. There is, of course, only one way to win in the lottery of the pay stakes without buying a ticket - get the job of boss at British Gas. Failing that, second best, may be the Chief Executive of a trust. I've not heard that there is a vacancy yet, though.

Denis Cobell.



## ***AW Hilliam LDSRCS***

### ***27.6.24 - 21.10.94***

Tony Hilliam gave of himself, in full measure, to his profession, his church, his family and, indeed, to all with whom he had contact. He set high standards expecting whatever was done to be correctly done. For this he was greatly respected though, inevitably, there were some who could not accept his standards.

Antony Walter Hilliam was born in 1924, educated at Wimborne Grammar School and followed his brother, Ivor, to Guy's in 1942. Typically, Tony soon established his own circle who valued his friendship and gave him their respect both for his personal integrity and the quality of his work.

In 1946 he was the Guy's Dental Society's dinner secretary, organising the first post-war dinner at the Park Lane Hotel, no mean feat as few records of earlier dinners survived the war.

Tony qualified in 1947, held a House Surgeon post for six months, spent two years National Service in the RAF and then went into practice, with Ivor, in Wimborne Road, Northbourne.

In 1959 Tony and Jean were married. They lived at 19, Wimborne Road, Bournemouth and in 1970 Tony began to practice there full time

on his own, continuing to live there with Jean and their three sons. In 1986 Tony sold the house and closed the practice, joining with Clive Nicholls, who, with his family, had been a patient of Tony's for many years. Tony finally retired in 1989.

From about 1960 onwards Tony was a member of the BDA Wessex Branch Council and in 1975-76 he was the Branch President, a post of which he was particularly proud. Later he was a vice-president and auditor for the branch accounts and is remembered for his insistence that all procedures must be properly followed, particularly on the financial side. During those years he was also a member of the Local Dental Committee, the Appeals Committee and other such. His opinions on dental appeals are remembered as being without fear or favour.

Tony was much involved with St Augustin's Church, Bournemouth where he became a churchwarden in 1957 and continued there in one office or another, including treasurer, until 1987. He often read the lesson at Evensong and is remembered for the clearness and authority with which he did this.

In 1978, after his son Paul had bought a motor cycle, Tony decided he would learn to ride one, passing his test first time and then going on to pass the Institute of Advanced Motoring motorcycle test. He now wanted to make a contribution to re-

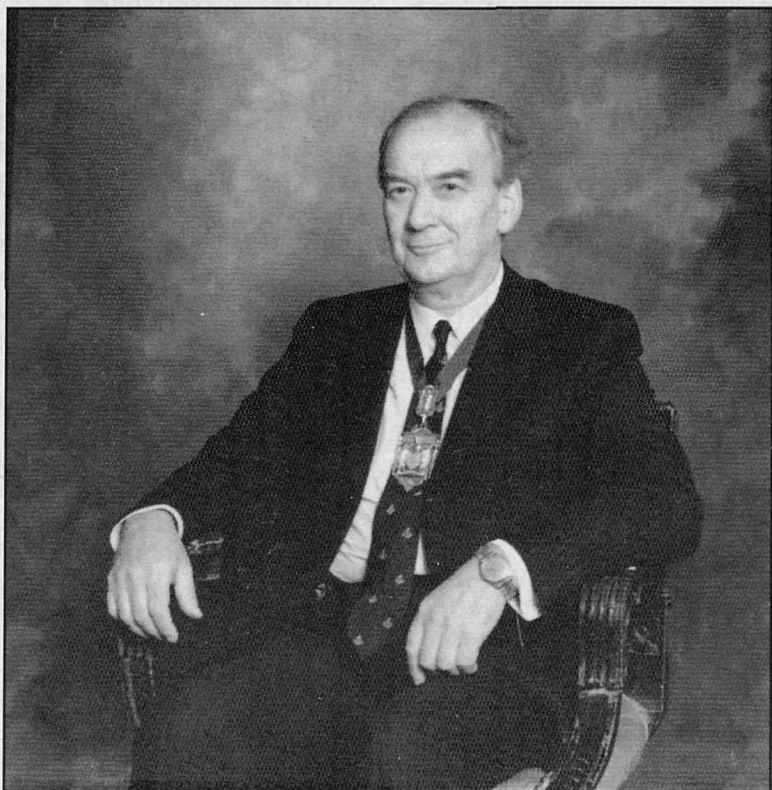
ducing road casualties and to put back into motorcycling the pleasures and benefits he had had, so he became involved in training young motorcyclists. In 1981 he helped set up an Advanced Motorcyclists Club in his area and for two years was chairman. Again, he is remembered for insisting that the committee was correctly constituted and run, giving many young motorcyclists their first experience of well run committees.

Two years before retiring Tony took up silversmithing, which gave him enormous satisfaction, making

small items of high standard for grandchildren and friends. He and Jean also much enjoyed their garden and were keen ramblers.

For nearly a year before he died Tony was well aware of the likely course of his cancer and he faced this with characteristic openness. In the end, he died quite suddenly on Friday, 21st October 1994. Tony is survived by his widow, Jean, and three sons, Timothy, Paul and Simon.

**Stephen Johns**



The obituary of Dr Philip Helliwell, a much loved and respected Guy's anaesthetist and Superintendent, appeared in the July-August Gazette. Unfortunately his photograph was omitted. We are pleased to include it now - Ed.

## **Rugby**

**Guy's v Old Walcountians  
Courage League Match - Satur-  
day 15th October 1994  
Won 34-19**

On a wonderful sunny day at HOP, Guy's kicked off for the 4th League Match (having won one and lost two) against a side that we had had difficulty with in the last TWO years, and who won in the mud at their ground in Surrey the previous year. Before Guy's had really touched the ball, a dreadful refereeing error allowed Walcountians to run in a try unopposed while the referee was calling Guy's players back for a scrum. The Guy's supporters in the crowd were incensed and even the Old Walcountians supporters were embarrassed. However Guy's began to get their game together and after a series of good drives, Angus in the back row pounced on an opposition heel to score converted by Davies and put Guy's into the lead. At this stage of the game Guy's forwards were beginning to play as they have done in the last two seasons and a series of rolling mauls took them 50 yards down the pitch and into opposition territory. However disaster then en-

sued when a loose pass in the backs was intercepted for the opposition to run under the Guy's posts for a converted try. At this stage Guy's were playing some imaginative rugby with Barrio winning some good balls in the line out and Wayne Llewellyn clearing up and orchestrating the back row moves. The pressure then lead to another penalty converted by Davies to close the gap to 2 points. After a further penalty by Davies, a lovely little chip through by Murphy allowed Ugo to run onto the ball and score in the corner. Guy's had taken a more comfortable lead of 18-12. This was immediately nullified when yet another interception lead to a try under the posts and half time score of Guy's 18 and Old Walcountians 19.

The second half was equally competitive and long kicks by Neil Davies took Guy's down into the opposition 22, and after Murphy who had yet another fine game at scrum half snafled the ball he put Davies in close to the posts who at the last moment passed on to John Spencer for an unconverted try 26-19. After one more penalty by Davies, a storming run up the middle by Billy C took play back into the Walcountian 22. A 10 point lead was still not going to be comfortable given Guy's propensity in this



game for giving away interceptions. However a series of good drives down the field enabled quick release of the ball to Murphy who scuttled over in the corner to stretch the lead to 34-19. This was the final score for a second league win.

Team: J Burt, D Davies, G Tsolakides, B Challacombe, E Barrio, W Llewellyn, P Davis, J Murphy, N Davies, N Ugo, J Spencer, G Bevan, J Burt, S Lewis.

SJC

## **Guy's 1st XV v Alton Saturday 22nd October 1994**

Alton is a pleasant Hampshire town whose population has strongly supported sporting activities in the area in the past few years. The Alton Club stands on the outskirts of the town, easily accessible from the A31 with a new Club House, four or five rugby pitches including a floodlit one and adjacent to four soccer pitches and four hockey pitches of the town's other sporting clubs. The ambience is most attractive and on an autumn day one could look out at the nearby countryside with the trees half turned and the natural splendour of a mixture of browns and greens. The Alton Club stand top of the league at the current time, having won all four of their games whilst Guy's are in

sixth place, having won two and lost two. Alton has a paid coach who is rumoured to be on a substantial bonus if Alton wins promotion. In the previous two years the benefits of his coaching to Alton have been apparent in two very tight games, but with honours even. Our previous visit to Alton had made use of the wet conditions and played essentially a nine man game keeping the ball with their well-drilled forwards and had just won. Guy's were expecting the same sort of game on this occasion, since several hours of heavy rain had left the pitches very wet.

Guy's elected to kick off facing the wind, but had soon taken the lead with a Neil Davies penalty when the Alton backs were caught offside. It was clear that with the wet ball and rain it was going to be a game for forwards and back rows in particular, but Guy's were showing early signs of determination, flattening the Alton full back in the process. As expected, Alton used the wind to pressure Guy's into their own half, but a series of penalties to Guy's relieved the pressure.

It was clear that on a wet day with a heavy pack that Guy's were going to miss their Captain George Tsolkiades who was injured during the week playing for UMDS and who had broken his thumb. Guy's were

winning a fair share of ball through looking a little uncomfortable in the tight, but magnificent in the loose. At this stage the back row of Llewellyn, Davies and Ryan were playing well, but after 30 minutes of the game Guy's found themselves 9-3 down with three penalties being converted for various infringements. Notwithstanding a few alarms, this remained the score at half time with Guy's feeling more optimistic with the wind behind them in the second half. One's impression at this stage had been of a great display by the Guy's back row with Guy's backs looking more dangerous than Alton, but the Alton forwards playing the power game.

Guy's went further behind soon after the start of the second half when, after a series of charging runs by the forwards, a high chip was taken out of the Guy's full backs hands for a converted try. The same tactic was followed shortly afterwards when, after pressurising the forwards, a chip through was missed by the Guy's defence and Alton scored. At this stage of the game the pressure was all by Alton, and with Guy's appearing to tire a little, Alton recorded a pushover try to leave the score at Guy's 3 - Alton 26. This was the final score, and a bitterly disappointed Guy's side came in at the end. It hardly seemed a fair reflection of the amount of effort, nor how well Guy's had played apart from a spell in the beginning of the first half. During a

frenetic 10 minutes, they eschewed chances to kick penalties and ran the ball, when perhaps they might have been wiser to at least get out of their own half with the wind and with the kicking boot of Davies. The side must also keep discipline and note that several times the referee penalised for talking back, but overall, in spite of the score, fine performances were seen by Barrio in the lineout, by Ryan and Davies in the back row, and Guy Davis at Hooker who played a very solid all round game. Some dashing runs by Ugo caught the eye, but two many passes were dropped in the backs to allow them to be happy with their performance, and really they should not have allowed two of the opposition tries. League rugby, however, is hard, and the side coached by Alistair MacHogg deserved to win.

Team: D Balasanan, D Evans, J Burt, B Challacombe, E Barrio, W Llewellyn, P Davis, G Ryan, J Murphy, N Davies, G Bevan, M Griffiths, Ugo.

### **Guy's RFC v Old Alleynians Saturday 12th November 1994 Won 27-3**

The team assembled at Honour Oak Park for an early morning kick off in a somewhat unorganised fashion after the festivities of the previous evening. A little diplomacy and a delayed start meant that Guy's fielded a rather altered XV but still proceeded to dominate especially in the for-

wards. Barrio and Challacombe had a rewarding afternoon in the lineout thanks to the support of their blockers, and the backrow of Ryan and the Llewellyn brothers gave the backs ample quick second phase ball to create scoring chances.

Old Alleynians opened the scoring with a penalty midway through the first half after Guy's had squandered a clear scoring chance when an overlap was ignored. However, Guy's came straight back with a good blind-side break by scrumhalf Murphy which led to a quick ruck and space was created for right winger Bevan to cross for the try. The conversion was made by the delayed replacement Davies.

Guy's started the second half with a 7 - 3 lead and with the wind at their backs rarely let Old A's into an attacking position. A set move from the backs after good forward pressure led to an incisive break by fullback Justin Burt who dummied his opposite number to cross untouched for a try. Further forward pressure by Guy's led to a penalty which was well taken by Davies. With a 15 - 3 lead the Guy's pack were rampart running back to restart to within 15 yards of the Old A's line. Further pressure led to debutante winger Godfrey crossing for a well worked try on the left.

Old A's came back well from the resulting restart nearly scoring in the right corner but it was Guy's who finished the strongest with a well

taken try by Jones back from his extended trip to Australia. The try was converted by Davies to give a satisfying final score of 27-3 against opposition from a higher league.

TEAM: Justin Burt, D Godfrey, M Jenkins, P Morgan (N Davies), G Bevan, A Jones, J Murphy, James Burt, D Evans, L Hostert, E Barrio, B Challacombe, W Llewellyn, G Ryan, R Llewellyn.

SCORERS:

Tries: Bevan, Justin Burt, Godfrey, Jones

Cons: Davies(2)

Pens: Davies

## **Guy's 2nd XV vs Old Alleynians 2nd XV**

**Saturday 12th November 1994**

**Won 7-0**

Guy's travelled to Old Alleynians in high spirits but distinctly low in man power (13 men due to the traditional Friday night ritual of nicking players by the 1st team captain). When we arrived the captain Pat Gush attempted the same trick on the 5th team captain but was rather rudely told to \*#@!! off. Apparently rule 35.5a part (III) states that only the first team captain has the power to poach players before a match.

Therefore Guy's started the match with 13 men but were joined by a late arrival 5 minutes into the match. Old Alleynians started strongly camping

out in the Guy's half for most of the first 15 minutes. However, determined, tackling by both the backs and forwards kept Old Alleynians from getting the all crucial first try. After surviving the initial period of pressure, the Guy's forwards woke up and with the backs always looking dangerous, things started to look more promising. Ten minutes before half time a loose kick by the Old Alleynians fly half failed to find touch and a superb counterattack by the Guy's back division ended up with Angus Jefferies scoring under the posts. Pat Gush duly converted the try to give Guy's a half time lead of 7-0.

The second half started with Guy's on the back foot. Although Old Alleynians were pressing vigorously Guy's never looked under pressure and were always able to clear their lines with relative ease. When the opposition did manage to get close to the Guy's line, tenacious tackling by all 14 men made sure that they were kept out. Towards the end of the match and with Old Alleynians desperate to tie the score it was this sort of tackling which led to the opposition committing a string of errors which enabled Guy's to finish the match in the OA's twenty-two and therefore to win the game.

TEAM: D Baladasm, S Clear, W Slim, J Boothroid, M Ansell, M Sharp, S Jones, M Vesey, J Davies, P Gush, A

Jefferies, G Lawton, M Fresher, M Henderson.

JRD

## Guy's 2nds vs The Metropolitan Police 3rds

5th November 1994

Won 14-11

With the rain beating down this was not the sort of weather Guy's had hoped for against a large Met Police pack especially with Graham Bevan, normally a winger, playing at prop!

From the start the Police used their heavy forwards to good effect keeping the ball tight and pinning Guy's in their own twenty-two for most of the first quarter of the game. Surprisingly Guy's had the best chances in the first half thanks to several swift counterattacks by the Guy's three-quarters usually initiated in elegant fashion by Neil Davies at full back. Predictably it was Neil Davies who opened the scoring after a slick move off the base of the scrum. The try comfortably converted by Pat Gush to leave the score at 7-0. This fuelled the Met Police fire and they hit back strongly grabbing two penalties before half time bringing the score back to 7-6.

The second half started on a more positive note for Guy's with a succession of clean takes in the middle of the lineout by Mark Ansell leaving Guy's in a strong position. The pressure on the Police was enough to force them



to concede two successive penalties but unfortunately these were not converted. However, from the resulting twenty-two drop out the Guy's pack set up a solid platform for Graham Lawton to end up going under the posts for a well-worked try, and with the try converted this extending Guy's lead to 14-6. From the restart the Police left Guy's rueing the earlier penalty misses when their forwards forced their way over the Guy's line from close range to make the score 14-11. An exciting finale was capped when the opposition forced a penalty five metres from the Guy's line. Going for the victory the big Met Police forwards went for the charge but were just stopped short of the line. With the ball just about to come out on the Met Police side John Davies kindly sacrificed himself by killing the ball on the floor to which the 'friendly bobby' response was to stamp all over his head as well as other parts of his anatomy. The penalty was therefore reversed and Guy's cleared the ball to safety to the sound of the final whistle. The overjoyed team then proceeded to celebrate Guy Fawkes night in true Guy's spirit (Gin)!!

TEAM: G Bevan, S Clear, L Hoster, M Sharpe, M Ansell, G Ryan, G Lawton, A Skyme, J Davies, N Gibbons, M Fresher, P Gush, G McClenan, N Davies.

JRD

## **Guy's vs Streatham & Croydon Saturday 19th November 1994 Honour Oak Park**

Wet conditions greeted the players as Guy's met Streatham & Croydon at Honour Oak Park for this annual fixture. Guy's started the game a player short in the forwards and this showed as the S&C pack took control with some strong forward drives in the early part of the match being rewarded with a penalty for an offside infringement which was covered to give them a 3 point lead. With the late arrival of the Guy's number eight the defence was slightly improved and a dropped ball by S&C in an attacking position was snooped up by the Guy's left wing Ekeowa who ran 60 metres to score against the run of play. Davies converted to give Guy's an unexpected 7-3 lead. The S&C forwards again came back with some strong drives to earn yet another penalty which was converted to make the score 7 - 6. From the restart the Guy's forwards drove on and earned a penalty at the S&C 22 metre line. The S&C forwards retired to face what they thought would be a kick at goal and Davies the Guy's fly half having not indicated that he had opted for the kick took advantage

of their lapse in concentration to run the ball himself around the blind side to score untouched beneath the posts. He also converted the try and after another penalty by S&C the half time score was a surprising 14-9 Guy's lead.

Against the wind in the second half Guy's found it difficult to make ground in the forwards but the backs nearly broke through the S&C defence on a number of occasions whilst running out of their own half only to be left down by the last pass being dropped or a last ditch tackle. S&C took advantage of this run back a Guy's drop pass and with good support play and passing between forwards and backs coupled with poor cover tackling by Guy's, they went over for a try beneath the posts and an easy conversion. At 14 - 16 and trailing, the Guy's forwards at last started to make an impression on the game and after turning over some good fast ball and drawing in the S&C cover, defence half backs Murphy and Davies took the ball blind and fed the late arriving No 8 Ross Llewellyn for a well-worked try. With the conversion missed and Guy's leading 19-16 the 5 last minutes of the game became frantic. A lack of concentration from the Guy's No 8 at the back of the scrum led to a S&C penalty near the Guy's posts which was kicked to make the score 19-19 in the dying seconds of the match. A last ditch attempt by Guy's to breach the

S&C try line was nail bitingly close but in vain as the final whistle blew to draw this thoroughly entertaining match at 19-19.

TEAM: J Burt, U Ekeowa, M Jenkins, A Jones, G Bevan, N Davies, J Murphy, SJ Burt, D Evans, L Hostert, E Barrio, B Challacombe(capt), W Llewellyn, G Ryan, R Llewellyn.

SCORERS: Tries: Ekeowa, Davies, R Llewellyn.

Cons: Davies (2).

## Guy's 2nds vs Streatham and Croydon 2nds

19th November 1994

Lost 18 - 0

Guy's Hospital 2nds arrived to a warm welcome but a freezing cold changing room sporting a rather sparse decor. After a heavy Friday night session there was a distinctly nauseous feeling to the Guy's pre-match warm up.

From the kick off, S&C took advantage of a sleepy Guy's side forcing two penalties of which one was converted making the score 3-0. From the re-start, Guy's were again put under the cosh, and under pressure from the opposition forwards, conceded a try to extend the deficit to 8-0.

After half-time, Guy's still seemingly suffering from the Saturday afternoon hangover conceded a soft try which remained unconverted. It was

only now that Guy's began to wake up running the ball from every part of the field. With Guy's pressurising, a mistake in the midfield enabled the opposition to clear therefore bringing Guy's hope of a score to an end. Later in the game a Guy's penalty was run from underneath our own posts, resulting in a crucial error leading to a final try by S&C to leave the final score at 18 - 0.

This was a respectable score given that the opposition play two leagues above, but the Guy's players will be disappointed that they didn't play to the best of their abilities that day.

TEAM: D Baladassan, S Jones, W Slim, M Ansell, S Hellier, M Sharp, Ben 2nd year, A Jefferies, J Davies, P Gush, G Lawton, J Spencer (clone of). D Quick, D Jones, D Godfrey.

JRD

## **Deaths**

**MANSIE**, On November 14th, 1994, the eve of his 86th birthday, James Walker MRCS, FDSRCS Eng., Emeritus Consultant Dental Surgeon to Guy's Hospital. Entered the schools at Guy's Hospital in 1926. Governor of Guy's Hospital Medical and Dental School, President of Guy's Hospital Boat Club 1948-86. Died peacefully at London Bridge Hospital. Much loved husband of the late Enid Mansie and father of Duncan, Ian, Lesley, Lynette and Graeme. Grandfather and great-grandfather, he will be greatly missed.

**DR BREARS, O B, OBE**

31 High Street, Kirton in Lindsey, Gainsborough, Lincs.

Died on October 8th, 1994 aged 83

**DR HARMAN, J B** died on November 13th, 1994. Consultant Physician at St Thomas' Hospital, 1938-72

**DR LAURANCE, B M** died on July 16th, 1994

**DR LEWSEN, S C** died on May 15th, 1994

**PROFESSOR WILLIAMS, P L** died on October 5th, 1994

## **Gazette Christmas Raffle Winners**

**1st prize:** C Tomes, London SE22  
No 14786

**2nd prize:** DGE Roberts, Dyfed  
No 11822

**3rd prize:** KJ Davies, Powis  
No 02861

**4th prize:** RC Bret-Day, London W1  
No 05762

**5th prize:** A Povey, Scarborough  
No 09750

**6th prize:** A Bradley, Canterbury  
No 05737

**7th prize:** Guy's Cricket Club  
No 17929

**8th prize:** G Pearson, Matlock  
No 11780

**9th prize:** M Fordham, Ipswich  
No 06457

**10th prize:** M&V Rice, Camberley  
No 16328

Congratulations to the winners and  
thank you to all who participated



### ***South Wales Guy's Hospital Society***

The above Society will be holding its annual dinner at the Park Hotel, Cardiff on Saturday 18th March, 1995 on the night of the Wales vs Ireland match.

Membership of the Society and the attendance at this function is open to Doctors, Dentists, Nurses and Physiotherapists, male and female, who have received their professional training at Guy's or UMDS.

For further details please contact:

Mr D E Sturdy, MB, MS, FRCS,  
22 Stow Park Circle,  
Newport,  
Gwent. NP9 4UF  
(Telephone 0633 264646)

### ***Change of Address***

Professor AHR Rowe  
Former Dean of the Dental School  
The new address is:

Manor Lodge  
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Kent CT14 8HT  
Telephone 0304 375487

DWJ Fawcett:  
Moorhill  
4 Highlands Road  
Heath End  
Farnham GU9 0LX

### **Copy for Gazette**

Articles for inclusion in the Gazette should be supplied double spaced, and preferably word-processed or typed. If handwritten, names in particular should be written legibly. If contributions are prepared on a word processor, it would be particularly helpful if a floppy disk containing the article is supplied along with a printed copy. Where possible, text should be saved in ASCII format or Wordperfect 5.1 - or if in any doubt full details about compatibility of different files can be obtained from the Gazette office.

All feature articles should be approximately 1500 to 2500 words in length. Photographs and disks will be returned as soon as possible if requested. Authors are asked to supply a contact phone number in case of any queries that may arise.

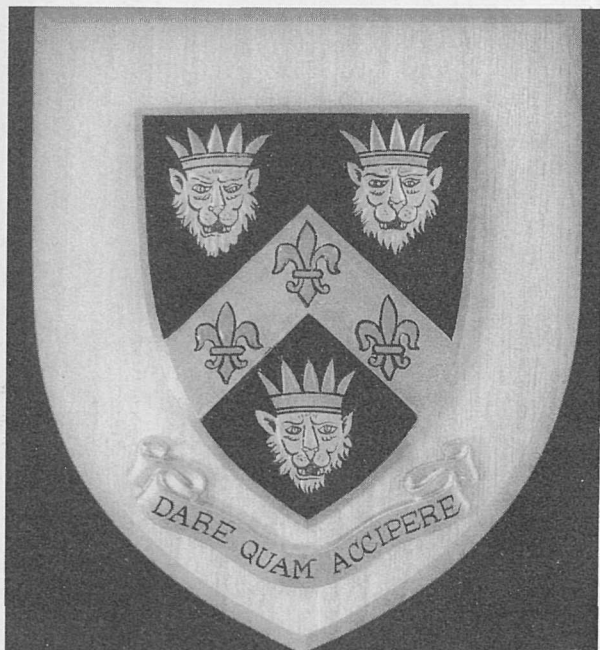
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